

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11421

1. PLACE OF DEATH  
 9/6 County St. Louis Registration District No. 289  
 Township Central Primary Registration District No. 6033B  
 City Overland (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Brett  
 (a) Residence No. 9516 Midland St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. \_\_\_\_\_  
 Registered No. 101

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Brett</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 25, 1848</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>8</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Stone Mason</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>England</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
PARENTS	10. NAME OF FATHER _____	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____ <u>31</u>	
	12. MAIDEN NAME OF MOTHER _____	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____	
14. INFORMANT <u>Anna Brett</u> (Address) <u>9516 Midland</u>		
15. FILED <u>3</u> 19 <u>31</u> <u>Jella Tracy, M.D.</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1931 that I last saw her alive on Mar 9 1931, and that death occurred, on the date stated above, at 4:0 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Halobulbar Decuss  
92 R (mixed Regeneration)  
95 C (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) no symptoms  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Overland mo  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Chromat signs  
 (Signed) John S. Chamber M. D.  
3/6 1931 (Address) Overland Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Zions Evang Cemetery</u>	DATE OF BURIAL <u>Mar. 12 1931</u>
20. UNDERTAKER <u>Mannum Bros</u>	ADDRESS <u>Overland Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1931

1871 - 80 - 100 - 1000

100

of wife & S.