

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

Do not use this space.

18958

1. PLACE OF DEATH

County Alaska
Township Union
City Wilton (No.)

Registration District No. 911
Primary Registration District No. 5940

File No. 45
Registered No. 25
St. Ward)

2. FULL NAME Carrie Brees

(a) Residence, No. St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 ds., How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF E. E. Brees

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 - 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tripolia, Ia

13. NAME William Legtmeir

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) E. H. Hothe 217 E. 2nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview cemetery DATE May 31 1931

19. UNDERTAKER (ADDRESS) W. P. Kearns 224 Commercial

20. FILED 5-5 1931 A. S. Lutz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28 1931

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Heart Failure Date of onset 7/28/31

162 2000

Other contributory causes of importance: Old age

Name of operation Date of 5/29/31
What test confirmed diagnosis? Urinary Body Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury E
Nature of injury 19

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. B. Topley M. D.
(Address) Richland Mo

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.

95
9
31

Home 45

