

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

Do not use this space.

24500

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick (No.)

Registration District No. 169
Primary Registration District No. 5235

File No.
Registered No. 27
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. Joseph</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 21-1856</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home work</u>
	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) Madison Co. Mo.

13. NAME Volner Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

15. MAIDEN NAME Nancy Gouberman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Harry Talbous Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo. DATE July 10 1931

19. UNDERTAKER (ADDRESS) L. Marshall Brunswick Mo.

20. FILED 7/10 19 31 Harry E. Dutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1931

22. I HEREBY CERTIFY, that I attended deceased from 5-22-1931, to 7-4-1931

I last saw her alive on 7-4-1931 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

cerebral hemorrhage
arteriosclerosis

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

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

Where did injury occur?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Dr. Pillsbury, M. D.
(Address) Keytesville

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

AUG 25 1931

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.

MAINTAINED RESERVED FOR BINDING

S. NO. 2.

