

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

Do not use this space.

25549

1. PLACE OF DEATH

County Linn  
Township Union  
City Union No. \_\_\_\_\_

Registration District No. 490  
Primary Registration District No. 5653

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Tabitha Brinegar

(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

1 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Brinegar

22. I HEREBY CERTIFY That she attended deceased from January 1 1931 to July 18 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1843

I last saw her alive on July 18 1931. Death is said to have occurred on the date stated above, at U. P. m.

7. AGE YEARS 88 MONTHS 6 DAYS 10 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Date of onset 1916

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

Cancer of the right Breast

10. Date deceased last worked at this occupation (month and year) June 1931

50  
Other contributory causes of importance: 50

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Mo.

13. NAME Nathanill Cox

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

15. MAIDEN NAME Nancy Mader

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

17. INFORMANT (ADDRESS) Miss Effie Brinegar Siles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Cemetery DATE July 19 1931

19. UNDERTAKER (ADDRESS) Bill Dornbush Siles, Mo.

20. FILED 7-19- 1931 O. H. Dawson Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) O. H. Dawson, M. D.  
(Address) Siles, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact date of death.

AUG 26 1931

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