

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

Do not use this space.

37977

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Marion Primary Registration District No. 3020
 City Stone - Memorial Hospital, Hanson Ave St. _____ Ward _____

2. FULL NAME

Sarah Rebecca Brisson
 (a) Residence, No. 525 Central St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oliver P. Brisson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 20, 1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>
	DAYS <u>28</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>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stotts City Missouri</u>		
FATHER	13. NAME <u>Seth M. Whaley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Kalb County Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Mary E. Ross</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hardin County Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Miss Lula Brisson Carthage, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prob. Cemetery</u> DATE <u>Nov. 20, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Full Mortuary Carthage, Missouri</u>		
20. FILED <u>11-20-1931</u> <u>E. H. Scharr</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1931, to Nov. 18, 1931
 I last saw h. or alive on Nov. 18, 1931. Death is said to have occurred on the date stated above, at 10:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 11-12-31

Other contributory causes of importance:
92KG 22W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Emory H. Stoy D.D. M.D.
 (Address) Carthage 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.

DEC 22 1931

