

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 26 1931

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

Do not use this space.

39821

1. PLACE OF DEATH  
 County Saline Registration District No. \_\_\_\_\_  
 Township Miami Primary Registration District No. \_\_\_\_\_  
 City Rural (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Merideth Cornelia Brenizer  
 (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 <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>L. A. Brenizer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/20/1865</u>				
7. AGE	YEARS <u>66</u>	MONTHS <u>9</u>	DAYS <u>19</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>House-wife</u>			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bowling Green, Mo.</u>				
FATHER	13. NAME <u>Merideth Jett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Alice Umphrey</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>Mr. L. A. Renizer,</u> (ADDRESS) <u>Miami, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Slater Mo</u> DATE <u>11-11</u> 19 <u>31</u>				
19. UNDERTAKER <u>Hill Brothers,</u> (ADDRESS) <u>Slater, Mo.</u>				
20. FILED <u>Nov 10 1931</u> <u>W. M. Little</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Nov. 9th 1931</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> , 19 <u>31</u> , to <u>Nov 8</u> , 19 <u>31</u> . I last saw him alive on <u>Nov 8</u> , 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>7.30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Endocarditis</u> Date of onset _____	
Other contributory causes of importance: <u>920</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? <u>No.</u>
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? <u>No.</u> If so, specify _____ (Signed) <u>W. M. Little</u> , M. D. (Address) <u>Marshall Mo.</u>	

1931 11 29  
1865 1 20  

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66 9 39