

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

Do not use this space.

1662

1. PLACE OF DEATH  
58 County Lin Registration District No. H96  
1 Township Brookfield Primary Registration District No. 3025  
7 City Brookfield (No. ....) St. 3 Ward

2. FULL NAME Mrs Grace A. Dean  
(a) Residence, No. 201 S. 1st St., ..... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. S. Dean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) 3 days 11. Total time (years) spent in this occupation 20 yrs

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo  
13. NAME Benjamin Childers  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) about know Mo  
15. MAIDEN NAME Rose Pearson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

FATHER 17. INFORMANT D. S. Dean  
(ADDRESS) 201 S. 1st  
18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 3/1/32

19. UNDERTAKER (ADDRESS) Stanton  
Stanton  
Stanton

20. FILED June 1, 1932 E. J. ...  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1932 to 1-20, 1932  
I last saw her alive on 1-30, 1932. Death is said to have occurred on the date stated above, at 2:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Intestinal Obstruction Date of onset 1/28/32  
5-4 B  
133 B (P)  
Other contributory causes of importance:  
Degenerated Fibroid Tumor Intestine  
(Fibroid 137.02 cm)  
Name of operation Pemph etc Date of 1/29-32  
What test confirmed diagnosis? ly etc 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? ✓  
If so, specify.....  
(Signed) James J. McLaughlin, M. D.  
(Address) Brookfield, Mo

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.

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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Linn Registration District No. 796 File No. 8  
 Township Boonville Primary Registration District No. 3025 Registered No. 3  
 City Boonville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. \_\_\_\_\_

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

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 1-31 1932 E. J. Gerlach Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1932

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Respiratory Obstruction Date of onset \_\_\_\_\_

Other contributory causes of importance:

Deformed Fibroid uterus  
No. Magnifying 1932

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Every item of information should be carefully applied AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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