

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

Do not use this space.

31125

1. PLACE OF DEATH

98 County Schuyler Registration District No. 806
Township Prarie Primary Registration District No. 6052
City Queencity Mo. (No. _____) St. _____ Ward _____

2. FULL NAME U. G. Brenizer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19th, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>2</u>	<u>8</u>	

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

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) Near Queencity (STATE OR COUNTRY) Mo., 1

MOTHER FATHER 13. NAME U. G. Brenizer Henry H. Brenizer

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) 31

15. MAIDEN NAME Francie A. Barr

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) _____

17. INFORMANT Mrs Cephis Johnson (ADDRESS) Queencity Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myers Cemetary DATE 9/29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1931, to Sept 27, 1932
I last saw him alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

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

Fatty Degeneration of Heart
9:30 9:30
Other contributory causes of importance: (1)

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? _____
If so, specify _____
(Signed) Geo King, M. D.
(Address) Queen City 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.

UGI 30 1932

