

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

Do not use this space.

34401

1. PLACE OF DEATH

97 County Saline Registration District No. 796
Township Marshall Primary Registration District No. 6039
City Marshall (No. R. F. D.) St. _____ Ward _____

2. FULL NAME CLATIE HENEGER BRASTOW

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. _____ mos. 1 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 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. E. Brastow 1899

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1899
7. AGE YEARS 33 MONTHS 0 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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. 230
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Mo 1

MOTHER 13. NAME A. J. Heneger

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 2

15. MAIDEN NAME Fannie Keehart

16. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Mo 1

17. INFORMANT D. E. Brastow (ADDRESS) Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE 10/4/32, 1932

19. UNDERTAKER Dandiver Mortuary (ADDRESS) Marshall, Mo

20. FILED 11-1- 1932 A. C. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1932, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1932 to Oct 1 1932
I last saw her alive on Oct 1 1932 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset Aug. 1931
23A

Other contributory causes of importance: (3)

Name of operation none Date of _____
What test confirmed diagnosis May. Lab. 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) Geo. T. Nuckles M. D. 0
(Address) Marshall Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 28 1932

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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