

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.

MAR 3 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

2766

## 1. PLACE OF DEATH

85 County Pulaski  
 Township Piney  
 City Brunswick (No. 714)

Registration District No. 714Primary Registration District No. 5943File No. 6Registered No. 6St. Ward

## 2. FULL NAME

(a) Residence, No. Brunswick 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Byrsh6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 19027. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 25 3 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010. Date deceased last worked at this occupation (month and year) Jan 1933 11. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo13. NAME Mrs. Mark14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Abbie Bell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMATION (ADDRESS) 1101 North Crossland18. BURIAL, CREMATION, OR REMOVAL PLACE Bloody Run DATE Jan 28 - 193319. UNDERTAKER (ADDRESS) C. L. Tangle, 1101 North Crossland, Mo.20. FILED 1-30 - 1933 S. E. Rooney Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 - 193322. I HEREBY CERTIFY That I attended deceased from Jan 18, 1933 to Jan 27, 1933Last saw her alive on Jan 27, 1933 Death is saidto have occurred on the date stated above, at 9:15 P.M.

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

Pneumonia, Bronchitis Date of onset 1-18-33Other contributory causes of importance: Febrile Septicemia 1-18-33Name of operation none Date of 0What test confirmed diagnosis? no Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? noIf so, specify C. Mallitt M. D.(Signed) C. Mallitt (Address) Crocker, Mo.

MAY 12 1942

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