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.

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

Do not use this space.

22842

1. PLACE OF DEATH
County Gentry
Township Jackson
City King City (No. ..... St. ..... Ward)

Registration District No. 312
Primary Registration District No. 4188

File No. .....
Registered No. 9

2. FULL NAME Mary Elizabeth Brimson
(a) Residence, No. King City Mo. 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jip Brimson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1855
7. AGE YEARS 77 MONTHS 10 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) 1 year ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Geo F. Meeker 218 E. Jackson Colo Sp Colo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitesville DATE July 11 1933
19. UNDERTAKER (ADDRESS) R. G. Taggart King City Mo.
20. FILED Aug 1 1933 A. W. Paulette Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to July 8, 1933.
I last saw her alive on July 8, 1933. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis 77 97

Date of onset Undetermined

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination 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? No
If so, specify .....
(Signed) B. H. Burbrook M. D.
(Address) King City Mo.