

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

Do not use this space.

28901

1. PLACE OF DEATH

County Caldwell
Township Lewis
City Brazner (No. _____)

Registration District No. 93
Primary Registration District No. 4055

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Levi F. Gentry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 1844
7. AGE YEARS 89 MONTHS 5 DAYS X If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Sam'l Wightman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Anna Roy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Al Gentry (ADDRESS) Brazner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brazner DATE Sept. 17, 1933

19. UNDERTAKER B F Mead (ADDRESS) Brazner Mo

20. FILED Sept 17 1933 H. H. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1933

22. I HEREBY CERTIFY That I attended deceased from mech 18, 1933 to Sept 15, 1933

I last saw her alive on Sept 15, 1933 Death is said

to have occurred on the date stated above, at 9:29 a. m.

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

Fibroid uterus
(probable cancerous)
48

Date of onset

not known

Other contributory causes of importance: 48

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) Henry J. Patten, M. D.

(Address) Brazner, 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.

OCT 20 1933

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31

31

5-62

1944-4-15
1933-9-15