JAN 26 1934

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

Do not use this space.

40711

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Mason — Primary Registration District No. 3079 — Registered No. 360

City Hannibal (No. , St Elizabeth Hospital St. Ward)

2. FULL NAME Kate Conn Brashears

(a) Residence, No. x St., Ward. New London Mo
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edgar Brashears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 17, 1870

7. AGE: YEARS ~~62~~ 63 — MONTHS 9 — 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.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
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): No data Missouri

FATHER

13. NAME: Rafe Conn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data Missouri

MOTHER

15. MAIDEN NAME: Ann Alford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data Missouri

17. INFORMANT (ADDRESS): Edgar Brashears (husband) New London, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Parkley Cemetery New London, Mo. DATE Dec 5, 1933

19. UNDERTAKER (ADDRESS): Wm M Smith 902 Bdwy, Hannibal, Mo

20. FILED Dec 7, 1933 R. H. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933 to Dec 3, 1933

I last saw her alive on Dec 3, 1933 Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Uremia — Date of onset 11-30-33

55B
55A
137B

Other contributory causes of importance: Pelvic tumor

Name of operation: Ovarectomy Date of 11-24-33

What test confirmed diagnosis? Lab Was there an autopsy? no

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

Accident, suicide, or homicide? X 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) J. Hardester, M. D.

(Address) Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.