

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

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.

1. PLACE OF DEATH

County Cass  
Township Delaware  
City Drexel (No. ....) St. .... Ward)

Registration District No. 157  
Primary Registration District No. 4085

File No. 23629  
Registered No. 7

2. FULL NAME

William Carl Brummett  
(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
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 M. 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Brummett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-25-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
91 2 12

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Rtd Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) Genl Mdse.  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Gap Tenn.

10. NAME OF FATHER Preston Brummett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Susan Ridenour

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not kn

14. INFORMANT (Address) Susan Brummett, Drexel Mo.

15. FILED 7-9-34 John S. Purdy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-7 1934

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1934, to July 7, 1934 that I last saw h. alive on July 7, 1934, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heat exhaustion  
Senility & arterio  
Sclerosis (duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Brig. Hartwell M. D.  
7-9-1934 (Address) Drexel Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sharon Cemetery DATE OF BURIAL 7-9-34

20. UNDERTAKER State Undertaking Co ADDRESS Webb City Mo.

