

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

Do not use this space.

1. PLACE OF DEATH

County Mercer
Township Medicine
City (No. St. Ward)

Registration District No. 559
Primary Registration District No. 5753

File No. 25534
Registered No.

2. FULL NAME

Pleasant M Brillion

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Brillion

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Muskego Wis
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Brillion

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

12. MAIDEN NAME OF MOTHER Martha J. Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mercer Mo
(STATE OR COUNTRY)

14. INFORMANT Amelia Brillion
(Address) Spokane Mo

15. FILED 7/24 34 Mrs Clara Thomas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to July 20 1934
that I last saw him alive on July 20 1934 and that death occurred, on the date stated above, at July 23 11:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myelodysplasia
93A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH XX

DID AN OPERATION PRECEDE DEATH? XX DATE OF

WAS THERE AN AUTOPSY? XX

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D.

7/20 1934 (Address)

*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

DATE OF BURIAL

Hall Park Cemetery

7-25 1934

20. UNDERTAKER

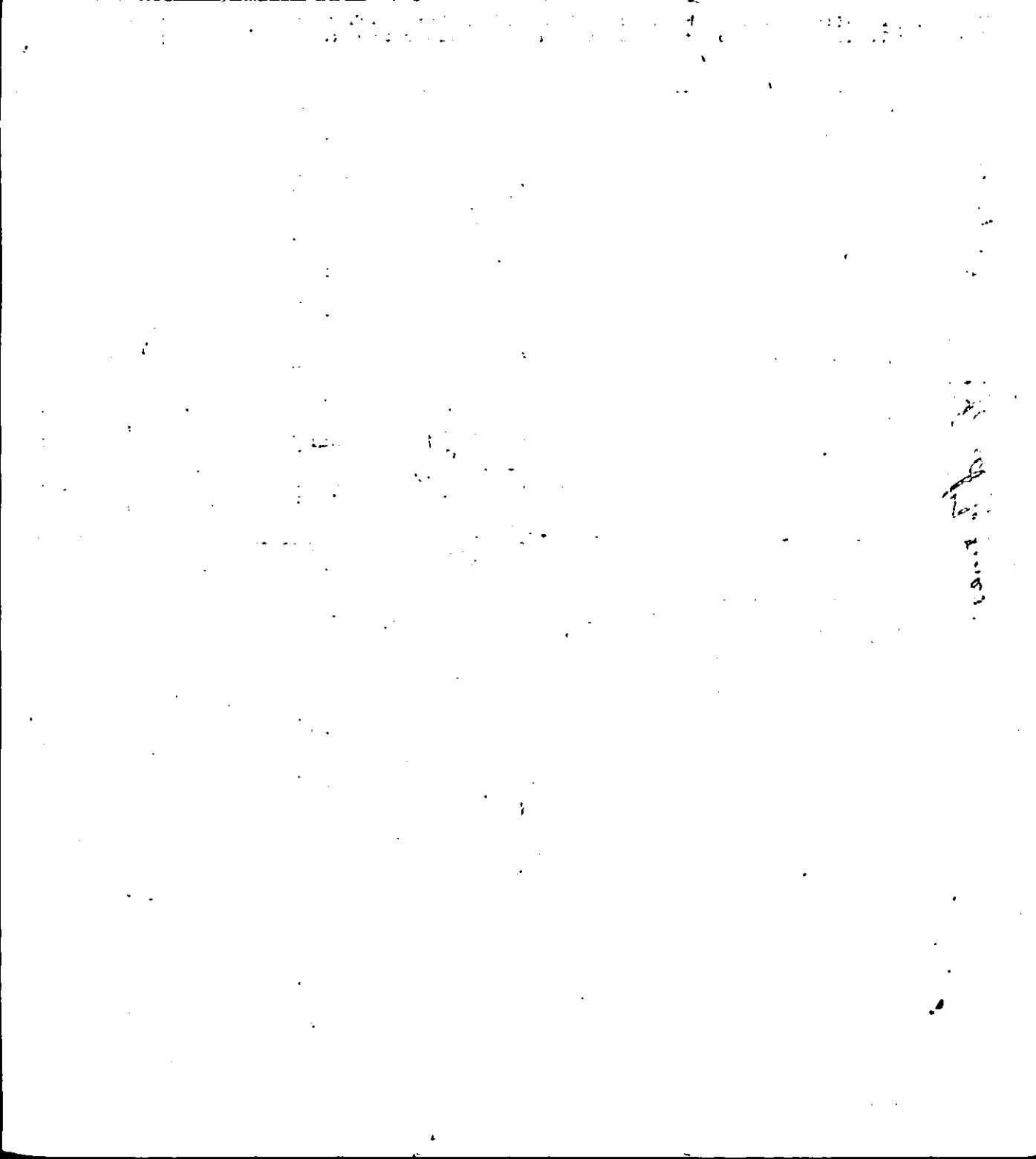
ADDRESS

Master Funeral Home

Princeton

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.

AUG 27 1934



#2

*Murcer
Medicine*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Pleasant M. Britton
 Who died at _____ on July 23 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 60 Months 2 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Deceased last worked at this occupation: Month _____ Year _____

Place (State or country) _____

Place of father (State or country) _____

Place of mother (State or country) _____

Actual cause of death: _____

Other contributory causes of importance _____

Time of operation _____ Date of _____

Was test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mrs. Claud Thomas Date filed 4-24-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 559

Very truly yours,

Primary Reg. Dist. No. 5753

E. T. McGaugh
H. H. J.

Special Agent.

S-25 534

