

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.

OCT 17 1934

**1. PLACE OF DEATH**

County Greene Registration District No. 677 File No. 33716  
 Township Green Primary Registration District No. 4403 Registered No. 109  
 City Rolla Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ (Usual place of abode) Green Route 3 Ward (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 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 Wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
0 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labied

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) Rolla Mo

FATHER 13. NAME Newton B. Brisham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co

MOTHER 15. MAIDEN NAME Rachel Stoddard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co

17. INFORMANT Newton B. Brisham  
 (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Creek DATE Sept 20 1934

19. UNDERTAKER Wm. J. Sam  
 (ADDRESS) Rolla Mo

20. FILED Sept 20 1934 Jos. F. Ayer  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1934 to Sept 19 1934  
 I last saw her alive on Sept 16 1934. Death is said to have occurred on the date stated above, at 4:20 a.m.

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

Not determined Date of onset 9-16-34  
 Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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) S. L. Mitchell, M. D.  
 (Address) Rolla Mo

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Handwritten text, possibly a signature or list of names, oriented vertically in the upper middle section of the page.