

JAN 9 1935

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

Do not use this space.

44206

1. PLACE OF DEATH

County *Franklin*
Township *Franklin*
City (No. _____) _____

Registration District No. *773*
Primary Registration District No. *6018A*

File No. _____
Registered No. *160*
St. _____ Ward _____

2. FULL NAME *Sam Brimm*

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jane Brimm*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laborer* 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) *unknown*

FATHER 13. NAME *Joe Brimm*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

MOTHER 15. MAIDEN NAME *Jane Brimm*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Lynn Kariden*

(ADDRESS) *Franklin Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *old Auditor of Darius Mo* DATE *Dec 4 1934*

19. UNDERTAKER *Farming ton and Co*

(ADDRESS) *Farming ton*

20. FILED *Dec 3 1934* *W. J. Robison* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 2 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 1 1934* to *Dec 2 1934*

I last saw him alive on *Nov 30 1934* Death is said to have occurred on the date stated above, at *12 P.M.*

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

General arterio sclerosis and Senility

Date of onset

Other contributory causes of importance:

Name of operation *Clived* Date of _____

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

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?

If so, specify _____

(Signed) *L. J. Johnson* M. D.

(Address) *Franklin 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.

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

