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.

100M-11-24-33

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

Do not use this space.

FEB 26 1935

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No. 1955

Township — Primary Registration District No. 3225 — Registered No. 9

City Brookfield (No. 316, West Wood St. 2nd Ward)

2. FULL NAME Goldie Marie Biswell

(a) Residence, No. 316 West Wood St St., 2nd Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/16/27

7. AGE — YEARS: 7 — MONTHS: 1 — DAYS: 1 — If LESS than 1 day, ...hrs. or ....min.

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.

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) Brookfield Mo.

FATHER

13. NAME Cole Biswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County Mo.

MOTHER

15. MAIDEN NAME Flossie Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County Mo.

17. INFORMANT (ADDRESS) Cole Biswell Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 1/18/35, 19

19. UNDERTAKER (ADDRESS) C. W. Hill Brookfield

20. FILED Feb. 9, 1935 J. H. Lucas M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-35, 19, to 1-17, 1935

I last saw her alive on 1-16, 1935. Death is said to have occurred on the date stated above, at 39 a.m.

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

	Date of onset
Diphtheritic Myocarditis	1-15-35
10	
Other contributory causes of importance: Pharyngeal Diphtheria	1-11-35

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Jean Evans M. D.

(Address) Brookfield Mo