

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

Do not use this space.

MAR 27 1935

6138

**1. PLACE OF DEATH**

County Monroe Registration District No. 580  
 Townshp Union Primary Registration District No. 5777  
 City ~~Transville~~ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4

**2. FULL NAME**

Joseph C. Brashear  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Brashear</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6<sup>th</sup> 1846</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>7</u>
		DAYS
		<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Jackson Brashear</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Darcus Hopker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT <u>Mrs J C Brashear</u> (ADDRESS) <u>Transville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo</u> DATE <u>Feb 25<sup>th</sup> 1935</u>		
19. UNDERTAKER <u>W. H. Anderson</u> (ADDRESS) <u>Moberly Mo</u>		
20. FILED <u>2/25</u> 19 <u>35</u> <u>Ed. Brooks</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23<sup>rd</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1935, to Feb 23, 1935  
 I last saw him alive on Feb 22, 1935 Death is said to have occurred on the date stated above, at 10<sup>00</sup> a.m.  
 The principal cause of death and related causes of importance were as follows:  
Labor Pneumonia  
 Date of onset Feb 18/35  
 Other contributory causes of importance:  
Valvular Heart Dis  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clin Diag Was there an autopsy? No  
Symp  
 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) C. Smith, M. D.  
 (Address) Moberly 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.

WHILE LAINET, WITH CHANGING INVALENTS IS A PERMANENT RECORD

