

APR 18 1935

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

Do not use this space.

12467

1. PLACE OF DEATH

36 County Franklin Registration District No. 295
6 Township Franklin Primary Registration District No. 4179
City Sullivan (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Felix Simon Brake

(a) Residence, No. Sullivan, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 22

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

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) Ashley, Ill.

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Ellay Ross
(ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crow Cemetery DATE Apr. 5, 1935

19. UNDERTAKER J. J. Williams
(ADDRESS) Sullivan, Mo.

20. FILED 4-5 1935 C. H. Brant
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1935 to Apr. 3, 1935

I last saw him alive on Apr. 1, 1935 Death is said

to have occurred on the date stated above, at 7.10 p.m.

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

Senile Weakness
and inability to
assimilate food
general infirmities of
old age
Other contributory causes of importance:
old age

Name of operation _____ Date of _____

What test confirmed diagnosis physical 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) R. P. Rouse, M. D.

(Address) Sullivan, 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.

