

WHITE PRINTING, 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.

*Josephine Hoop*

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

Do not use this space.

1. PLACE OF DEATH *SEP 16 1935*

County.....

Registration District No.....

**791**

**1003**

File No.....

**28035**

Township.....

Primary Registration District No.....

Registered No.....

**7135**

City.....

(No. *Josephine Hoop*)

St. .... Ward)

2. FULL NAME *Alpharsel D. Brassie*

(a) Residence, No. *6408 Ridge St.*, *NR* 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 22-25*, 19

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

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 16*, 19*35*, to *Aug 22*, 19*35*

I last saw him alive on *Aug 22*, 19*35*. Death is said to have occurred on the date stated above, at *3:30* p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 16 1935*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. *76*

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

*Constriction of larynx,  
Congenital.*

Date of onset

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 \_\_\_\_\_

Other contributory causes of importance: *15 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *Bernard Brassie*

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

MOTHER 15. MAIDEN NAME *Catherine Friedrick*

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

17. INFORMANT *Bernard Brassie*

(ADDRESS) *6408 Ridge*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem* DATE *Aug 23*, 19*35*

19. UNDERTAKER *Joseph W. Clark*

(ADDRESS) *1125 Woodmont*

20. FILED *AUG 23 1935* *J. Bredeck* Registrar.

Name of operation..... 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) *Dr. Williamson*, M. D.

(Address) *3907 Lafayette*

