

MAY 27 1936

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

Do not use this space.

28421-4

1. PLACE OF DEATH

County Shannon
Township Barlett
City (No.) (No.)

Registration District No. 1074
Primary Registration District No. 6072

File No. 1
Registered No. 93
St. Ward)

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/9/1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 7 4

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

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) up to death 11. Total time (years) spent in this occupation. all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas13. NAME Thomas Brothman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known15. MAIDEN NAME Lusan Brothman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known17. INFORMANT (ADDRESS) Mr. Luther Brothman18. BURIAL, CREMATION, OR REMOVAL PLACE Cornwall DATE Aug 14 193619. UNDERTAKER (ADDRESS) Wich Williams20. FILED 4/20 1936 S. J. Lovan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 193622. I HEREBY CERTIFY that I attended deceased from June 10 1935 to Jan 31 1935I last saw him alive on Jan 31 1935 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Myocarditis

Date of onset

Other contributory causes of importance:

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) Paul Davis, M. D.(Address) Perch Tree 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.

