

DEC 12 1935

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

Do not use this space.

35628

1. PLACE OF DEATH

County DeKalb Registration District No. 259
Township Candler Primary Registration District No. 458
City Mayssville (No. _____, St. _____ Ward _____)

2. FULL NAME Cordellia Mode Brissey

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Van Brissey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) DeKalb Co. Mo.

13. NAME Martin Crow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Janey B. Allen
(ADDRESS) Mayssville Mo.

18. BURIAL, CREMATION, OR REMOVAL Mayssville Cem. DATE 11/16-35

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Mayssville Mo.

20. FILED 12/9 1935 Mrs. Nattie Gilson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 -35 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1935 to Nov. 14 1935
I last saw him alive on Nov. 14 1935 Death is said to have occurred on the date stated above, at 10.40 P. M.
The principal cause of death and related causes of importance were as follows:

Acute Phrenomania

Other contributory causes of importance:
Chronic Hypocorditis
Branchial aneurysm

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) M. R. Reynolds
(Address) Mayssville Mo.

