

Dr. Bruce FEB 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6607

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME Mrs. Tabitha Conner Brinegar

(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Brinegar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-25-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Bagnell, Mo.

MOTHER FATHER 13. NAME Benjamin Conner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Polly Ann Vann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County, Mo.

17. INFORMANT Mrs. Henry Crevelt
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem. DATE Jan--15--1936

19. UNDERTAKER W. Gordon
(ADDRESS) Jefferson City, Mo.

20. FILED 1/17/36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th 1936 to Jan 13 1936
I first saw her alive on Jan 13 1936. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Prerenal

Bilateral

Other contributory causes of importance:

arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? 10 states Was there an autopsy? no

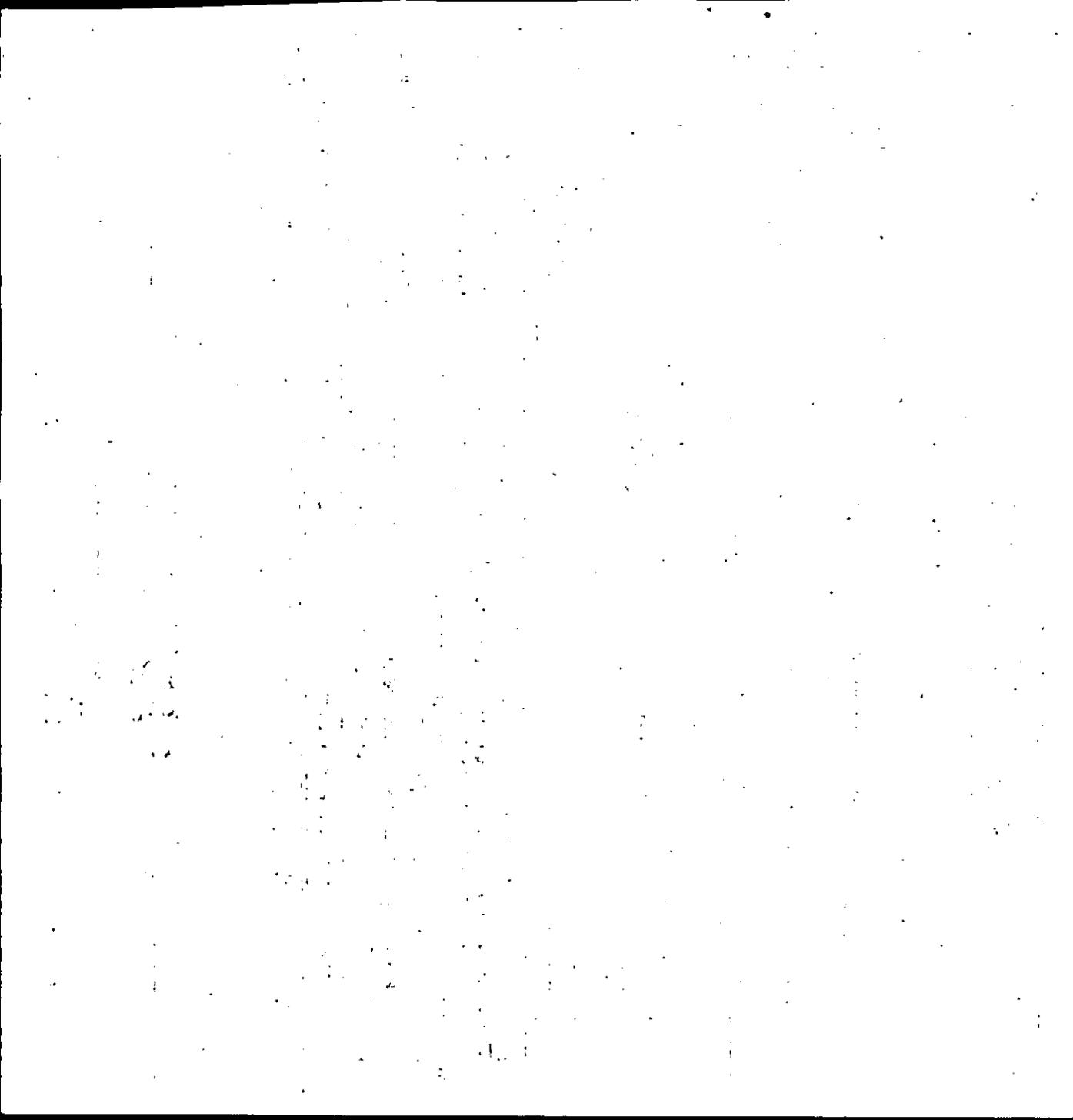
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

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) Dr. Bruce _____, M. D.
(Address) Jefferson City, Mo.



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1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. _____

Township _____

Primary Registration District No. 3014

Registered No. 11

City Jefferson City (No. _____)

St. _____ Ward) _____

2. FULL NAME

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 10 18

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 _____

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 1/17/1936 Dr. Bulford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia
Arteriosclerosis

Date of onset _____

Other contributory causes of importance:

Arteriosclerosis

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) J. R. Bruce M. D.

(Address) Jefferson City Mo

SUPPLEMENTARY

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