

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

JUN 23 1936

19231

**1. PLACE OF DEATH**

County Howell Registration District No. 286  
 Township Howell Primary Registration District No. 5535  
 City Brandsville, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME** Josephina Brashears

(a) Residence, No. Brandsville Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 40 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 <u>fe</u>	4. COLOR OR RACE <u>wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. H. Brashears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17th 1853

7. AGE YEARS <u>82</u>	MONTHS <u>4</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
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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) Illinois (STATE OR COUNTRY)

FATHER 13. NAME ? Knight

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

MOTHER 15. MAIDEN NAME unk

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

17. INFORMANT Walter Brashears (ADDRESS) Brandsville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 5-4 1936

19. UNDERTAKER None (ADDRESS) \_\_\_\_\_

20. FILED 5-4 1936 Tida M. SIMONS Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st., 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1936 to 4/30, 1936

I last saw h. alive on 4/26, 1936 Death is said to have occurred on the date stated above, at 4:00 pm.

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

What Steams Date of onset Jan/36

Other contributory causes of importance:

Chc Intestinal nephritis 1935

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) Maurice Thompson, M. D.  
 (Address) Thompson

NOV 4 1957

NOV 4 1957

11.73  
 12.50  
 16.00  
 14.50  
 17.00  
 16.23

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11.73  
 12.50  
 16.00  
 14.50  
 17.00  
 16.23

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