

JUN 27 1936

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

Do not use this space.

21622

1. PLACE OF DEATH

County Saline Registration District No. 796 File No. _____
Township _____ Primary Registration District No. 3038 Registered No. 107
City Marshall (No. 601 No Brunswick) St. _____ Ward _____

2. FULL NAME

Sterling Price Brummett
(a) Residence, No. 601 71. Brunswick 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 Male 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 Dora Brummett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1863
7. AGE YEARS 73 MONTHS 3 DAYS 13 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.

13. NAME Hugh Brummett

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

15. MAIDEN NAME Margaret Hacker

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

17. INFORMANT Ms. Dora Brummett (ADDRESS) Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgobark DATE May 16 1936

19. UNDERTAKER Short & M. Co. Dry (ADDRESS) Marshall, Mo.

20. FILED May 16, 1936 Heber Huston (Address) Marshall, Mo Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to May 14, 1936
I last saw him alive on May 14, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset _____
Other contributory causes of importance myocardial infarction

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) John R. Lawrence, M. D.
(Address) Marshall, 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.

