

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.

JUL 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. Missouri Methodist Hospital)File No. 22025Registered No. 792

St. _____ Ward _____

2. FULL NAME Robert J. Brizendine(a) Residence, No. 517 North Fifth Street St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds.

(If nonresident, give city or town and State)

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

Effie Brizendine6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1877

7. AGE

YEARS
58MONTHS
10DAYS
14

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

W. P. A.10. Date deceased last worked at this occupation (month and year) June 193611. Total time (years) spent in this occupation 6 Mo.

FATHER

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

Vibbard Missouri13. NAME Robert A. Brizendine

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

Unknown Tenn.

MOTHER

15. MAIDEN NAME Kathryn Creason

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

Elkhorn Missouri17. INFORMANT Mrs. Effie Brizendine
(ADDRESS) 517 North Fifth St. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawson, Missouri DATE June 7, 1936

19. UNDERTAKER

Clark Mortuary(ADDRESS) 5025 King Hill Ave.20. FILED 6/719 36 H. J. Neel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1936, 1922. I HEREBY CERTIFY, That I attended deceased from June 5, 1936 to June 5, 1936.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:15 P. am.

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

Fracturing Skull (Accidental) Date of onset _____

Other contributory causes of importance:

Stroke or run over by a truck on W.P.A. work

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/1, 1936Where did injury occur? Buchanan Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Run over by truck
Nature of injury Fractured Skull24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Frank Thomas Coronard, M. D.(Address) 731 Larson

