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

AUG 21 1936

Do not use this space.

26997

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408
Township: — Primary Registration District No.: 3020
City: Carthage (No. ..... St. ..... Ward)

2. FULL NAME: Arthur J. Brizendine

(a) Residence, No. 201 N. Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Myrtle May Brizendine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	8	20	

OCCUPATION

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

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

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) Kansas City Missouri

FATHER

13. NAME Jeremiah J. Brizendine

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

MOTHER

15. MAIDEN NAME Emaline Stephenson

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

17. INFORMANT Myrtle Brizendine
(ADDRESS) 201 N. Main Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jasper Cem. DATE July 25, 1936

19. UNDERTAKER Knell Mortuary
(ADDRESS) Carthage, Missouri

20. FILED July 25, 1936 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936 to July 24, 1936
I last saw him alive on July 24, 1936 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:

Shock and Pulmonary Hemorrhage
Passenger in car.

Date of onset

Other contributory causes of importance:

Bus & car overturned

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-12 1936
Where did injury occur? Just off Highway 71 & P Carthage
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Crushed Chest
Nature of injury Collision of Car

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. A. Hogan, M. D.
(Address) Carthage

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

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