

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.

DEC 3 1936

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

Do not use this space.

38345

1. PLACE OF DEATH

County Maries
Township Miller
City Brinktown (No. 1040, 5736)

Registration District No. 1040
Primary Registration District No. 5736

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

2. FULL NAME Hughie Clyde Veasman

(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 24, 1936</u>		
7. AGE <u>0</u>	YEARS <u>1</u>	MONTHS <u>1</u>
		DAYS <u>1</u>
		If LESS than 1 day, <u>X</u> hrs. or <u>X</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>
	10. Date deceased last worked at this occupation (month and year) <u>X</u>
	11. Total time (years) spent in this occupation <u>X</u>

12. BIRTHPLACE (CITY OR TOWN) <u>Brinktown</u> (STATE OR COUNTRY) <u>Missouri</u>
--

13. NAME <u>Hugh Veasman</u>

14. BIRTHPLACE (CITY OR TOWN) <u>Brinktown</u> (STATE OR COUNTRY) <u>Mo.</u>

15. MAIDEN NAME <u>Gertrude Leona Bremer</u>
--

16. BIRTHPLACE (CITY OR TOWN) <u>Brinktown</u> (STATE OR COUNTRY) <u>Mo.</u>

17. INFORMANT <u>Hugh Veasman</u> (ADDRESS) <u>Brinktown, Mo.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brinktown Cemetery</u> DATE <u>10-27</u> 19 <u>36</u>

19. UNDERTAKER <u>Joseph Bauer</u> (ADDRESS) <u>Brinktown, Mo.</u>

20. FILED <u>10-27-36</u> <u>C. W. Winkelman</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1936, to Sept. 30 1936I last saw him alive on Sept. 30 1936 Death is saidto have occurred on the date stated above, at 1 p. m.

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

Acute enteritis Date of onset 10-23-36Other contributory causes of importance 10-23-36Name of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? no

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

Accident, suicide, or homicide? X Date of injury X 1936Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? noIf so, specify X(Signed) W. Winkelman(Address) Brinktown, Missouri

