

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

Do not use this space.

40354

NOV 18 1937

1. PLACE OF DEATH

County Bell County Registration District No. 69
 Township Bepler Primary Registration District No. 4-107
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Mary Margaret Brotherton
 (a) Residence, No. Patton P.F.D. 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF <u>Mose Brotherton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7 1855</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>5</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
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) <u>Bell County Missouri</u>		
13. NAME <u>Adam J. Deatter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri Territory</u>		
15. MAIDEN NAME <u>Harriette Jacob</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Leik Brotherton</u> (ADDRESS) <u>Patton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pat O'Neil Chapel</u> DATE <u>Nov. 18 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. Emma Tom O'Neil Co. Jackson, Mo.</u>		
20. FILED <u>X</u> 1937 <u>Bertie Watson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Nov 17 1937
 I last saw her alive on Nov 17 1937. Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:
Age for toxigenic stroke blood pressure
 Date of onset _____

Other contributory causes of importance: 102

Name of operation L 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 _____
 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 L
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) A. J. O'Neil, M. D.
 (Address) Patton, 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.

