

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

Do not use this space.

JAN 28 1937

43720

1. PLACE OF DEATH

County Barton Registration District No. 4 R
 Township ~~Barren~~ Primary Registration District No. 5047
 City Millerton Mo St. Mo. Ward)

File No. _____
 Registered No. 12

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22nd 36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Meriden (STATE OR COUNTRY) Mo

FATHER 13. NAME E L Brummett

FATHER 14. BIRTHPLACE (CITY OR TOWN) Rich Hill (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Verna Scott

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Mo

17. INFORMANT Harold Brummett (ADDRESS) Meriden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville DATE Dec 22, 36

19. UNDERTAKER Swich Funeral Home (ADDRESS) Meriden Mo

20. FILED Dec 25, 1936 J. H. Smith Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1936 to 12-22-1936. I last saw him alive on 12-22-1936. Death is said to have occurred on the date stated above, at 12:15 p.m. The principal cause of death and related causes of importance were as follows:

Premature Cardiac Congenital

Other contributory causes of importance _____

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? _____
 If so, specify _____

(Signed) Dr. W. A. Parrish, M. D.
 (Address) Millberry Kans.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death very important.

AT 50 806 Seal

