

MAY 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 2925

File No. 48132
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 309 Shelby St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX g 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) April - 14 - 1936

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

OCCUPATION

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) Brookfield Mo
(STATE OR COUNTRY)

FATHER

13. NAME James N. Cole

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

MOTHER

15. MAIDEN NAME Julia P. Lewis

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

17. INFORMANT (ADDRESS) James N. Cole Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Apr - 14 - 1936

19. UNDERTAKER (ADDRESS) C. H. Kill Brookfield Mo

20. FILED May 9, 1936 J. H. Hill, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw h still alive on Beith, 19____. 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:

Pneumonia
about 8000

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? culture Was there an autopsy? _____

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

Accident, suicide, or homicide? not 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. H. Hill, M. D.

(Address) Brookfield 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.

