

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2197

FEB 27 1937

1. PLACE OF DEATH

County Marion Registration District No. 577
 Township Hannibal Primary Registration District No. 3029
 City Hannibal (No. Leavenworth Hospital) St. _____ Ward _____

File No. _____

Registered No. 28

2. FULL NAME Mildred Allen Brothers

(a) Residence, No. Sawston mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
26 5 28

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife
 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 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Ill

FATHER 13. NAME James Mc Cleary 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Mr. Freeman a Brothers (ADDRESS) Sawston mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barry - Ill DATE Jan - 13 - 1937

19. UNDERTAKER James Odell (ADDRESS) Hannibal mo

20. FILED Jan 18, 1937 J. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 11th - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1937 to Jan 11, 1937

I last saw him alive on Jan 10, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

cholethorony

Date of onset

Other contributory causes of importance:

Pancreatitis acide

Name of operation _____ 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 _____, 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) E. E. Salyer M. D.

(Address) Hannibal Mo

MAR 25 1958