

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stone
 Township Pierce
 City (No.)

Registration District No. 842
 Primary Registration District No. 6104

File No. 4638
 Registered No. St. Ward

2. FULL NAME

Unnamed Brassian

(a) Residence, No. 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 M 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)

7. AGE YEARS MONTHS DAYS Jan 27 1937
 If LESS than 1 day, 14 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) (STATE OR COUNTRY)

Crane Mo

13. NAME

Fred Brassian

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

Stone Co Mo

15. MAIDEN NAME

Bulah Patrick

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

Stone Co Mo

17. INFORMANT (ADDRESS)

Fred Brassian Crane Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenhour Cemetery DATE 1-28-1937

19. UNDERTAKER (ADDRESS)

Geo. H. Manlove
Crane Mo

20. FILED

1-28-1937 Mrs Ethel D. Oggett
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1937 to 1-27-1937

I last saw him alive on 1-27-1937. Death is said to have occurred on the date stated above, at 3:00 P. m.

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

Premature (6 mo) Date of onset 1-27

Other contributory causes of importance:

Name of operation 151 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 GER Orgz M. D.
 (Signed) (Address) Crane Mo

N.B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

