

FEB 19 1937

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

Do not use this space.

7828

1. PLACE OF DEATH

County Reynolds
Township Logan
City pos

Registration District No. 748
Primary Registration District No. 0982

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Brawley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 2 - 1860</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>		11. Total time (years) spent in this occupation
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1936 to Nov 30 1936
I last saw h. _____ alive on _____, 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:
Chronic Colitis
at no time did I see patient, but prescribed from history furnished me.
Other contributory causes of importance: _____

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	13. NAME <u>Not Known</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Barbara Pessie</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virg</u>
	17. INFORMANT (ADDRESS) <u>Joe B. Carver</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reynolds</u> DATE <u>Feb 2 1937</u>	
19. UNDERTAKER (ADDRESS)	
20. FILED <u>2/3</u> 19 <u>37</u> <u>Essie Evans</u> Registrar	

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) H. F. Bugg M. D.
(Address) Ellington, Miss.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 6 2 10 2

