

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Linn Registration District No. 496
 Township Brookfield Primary Registration District No. 3025
 City Brookfield (No.) St. Ward

2. FULL NAME Mary Lucinda Southerland
 (a) Residence, No. 220 W. Prairie St., 2 Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 12482
 Registered No. 32

PERSONAL AND STATISTICAL PARTICULARS

3. SEX J 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF J. D. Southerland (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1875
 7. AGE YEARS 62 MONTHS 2 DAYS 5 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) Browning Mo
 13. NAME Alfred Browning
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Acena P. P.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning

17. INFORMANT (ADDRESS) M. A. Spangherland
Brookfield Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo DATE 3-12-1937

19. UNDERTAKER (ADDRESS) Homey J. Boyd
Brookfield Missouri
 20. FILED April 8 1937 Geo. H. Lucas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to Mar 11 1937
 I last saw her alive on Mar 11 1937 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Chr. Myocardial Degeneration Date of onset Winter
 Other contributory causes of importance: 93

Name of operation None 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? No
 If so, specify
 (Signed) James Evans M. D.
Brookfield, Mo
 (Address)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH LEADING 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.

1009-1-20-35 X7044

