

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.

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
Township Brookfield
City Brookfield (No.)

Registration District No. 496
Primary Registration District No. 3025

12484
File No.
Registered No. 34
St. Ward)

2. FULL NAME

(a) Residence, No. 152 S. Livingston St.
(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Menefee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal mine
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County Mo

13. NAME Jesse Hull

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

15. MAIDEN NAME Elmira Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Boston Missouri

17. INFORMANT Low Hull (ADDRESS) Bucklin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Hill Cem, New Columbia, Mo, Mar 22, 1937

19. UNDERTAKER Mrs. M. J. Rush (ADDRESS) Brookfield, Mo

20. FILED April 8, 1937 Just Deceased Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937 to Mar. 18, 1937

I last saw him alive on March 18, 1937. Death is said to have occurred on the date stated above, at 3 p. m.

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

myocarditis chr. Date of onset ?

Other contributory causes of importance: uremia 3-17-37
nephritic chr.

Name of operation none Date of
What test confirmed diagnosis? clinical 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? no
If so, specify

(Signed) Ch. Pemberton M. D.
(Address) Wisconsin Temple
Brookfield, Mo

