

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Perry
Township Ass. 2
City (No. _____, St. _____ Ward _____)

Registration District No. 969
Primary Registration District No. 5877

File No. 17202
Registered No. _____

2. FULL NAME

Nellie Milster Becken Brazan Mo

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1863
7. AGE YEARS 74 MONTHS 0 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1936 to March 29 - 1937.
I last saw her alive on Mar 5th - 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:

Pulmonary Tuberculosis Date of onset July 1936

Other contributory causes of importance none

8. Trade, profession, or particular kind of work done, as splinner, 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) 3-28-37 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) Somersville Ky. (STATE OR COUNTRY)

13. NAME Geo. H. Dempster

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

15. MAIDEN NAME Alice Dawson

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

17. INFORMANT J.E. Milster Brazan Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Brazan Mo DATE 3-31-1937

19. UNDERTAKER G.A. Palisch (ADDRESS) Brazan Mo.

20. FILED April 20, 1937 Ben Halter 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 so 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) G.A. Palisch, M. D.
(Address) Brazan Mo.

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

