

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

Do not use this space.

MAY 31 1937

17235

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. 316 E. 10<sup>E</sup>)

File No. 139

Registered No. 668

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Walter John Brill

(a) Residence, No. 316 E. 10<sup>E</sup> 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

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Brill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 - 1879

7. AGE YEARS 58 MONTHS 4 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adv. Mgr.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sedalia Democrat  
10. Date deceased last worked at this occupation (month and year) Apr 1933 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

FATHER 13. NAME Geo A. Brill

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

MOTHER 15. MAIDEN NAME Mary Bridget Murphy

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

17. INFORMANT Mrs Walter Brill (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 4 - 27 - 1937

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo

20. FILED April 27, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1937 to April 26 37

I last saw him alive on April 26 1937 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:

Bronchiectasis, chronic with septic termination

Other contributory causes of importance:

10/6/37  
Emphysema, chronic  
Chronic circulatory failure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Exam 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 \_\_\_\_\_

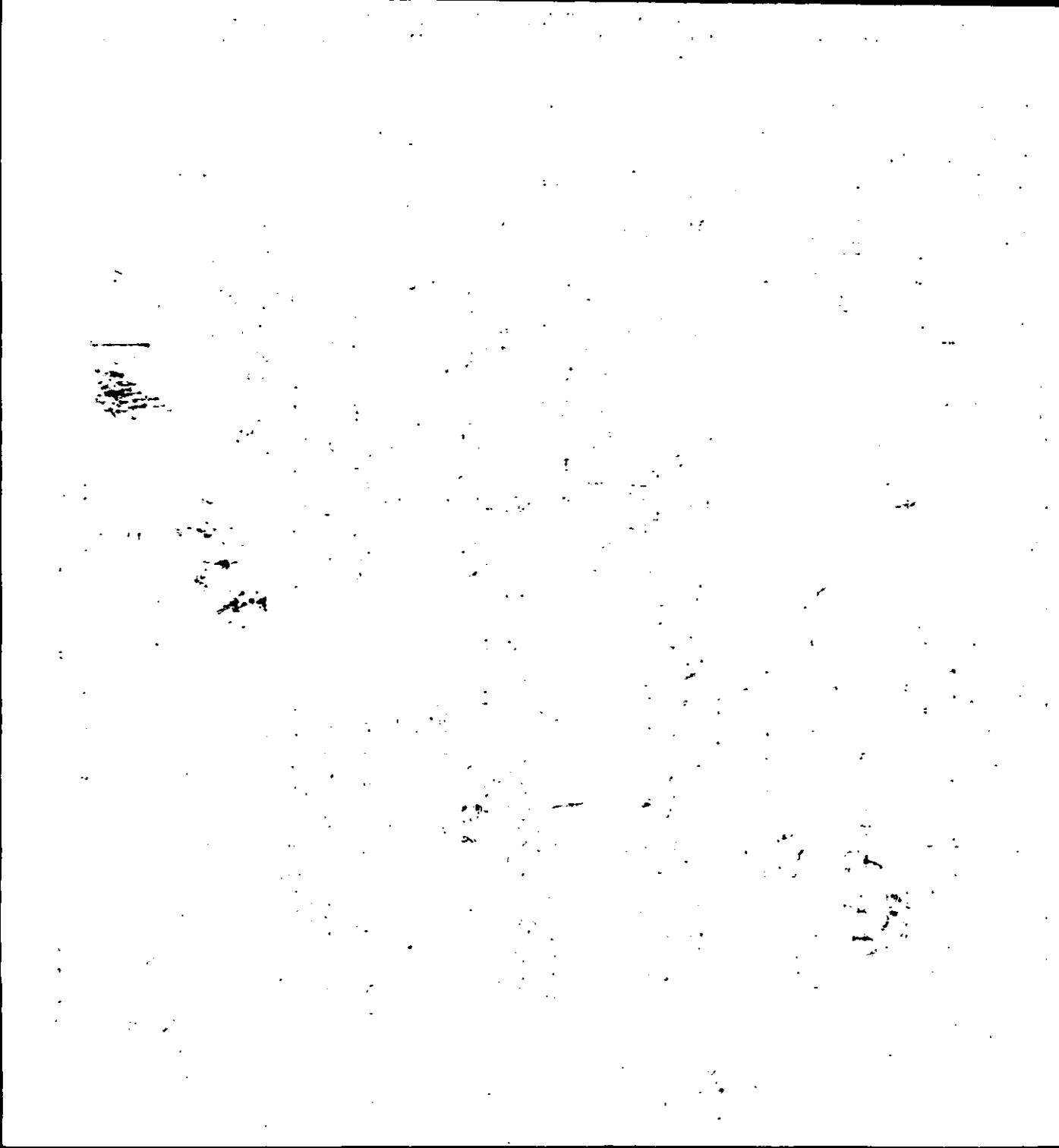
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. A. Beatty, M. D.

(Address) Sedalia Mo

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pettis  
Township  
City Sedalia (No. ....)

Registration District No. 668  
Primary Registration District No. 3031

File No. 1723d  
Registered No. 139  
St. .... Ward)

**2. FULL NAME**

Walter John Brill

(a) Residence, No. 316 E 10th 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) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Brill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 4 21

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. adv mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sedalia Dem

10. Date deceased last worked at this occupation (month and year) Apr 1937 Total time (years) spent in this occupation 30 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

13. NAME George A Brill

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

15. MAIDEN NAME Mary Bridget Murphy

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

17. INFORMANT (ADDRESS) Walter Brill Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 4-27 1937

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros Sedalia Mo

20. FILED 4-27 1937 Jean Slack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 13th to Apr 26, 1937

I last saw him alive on Apr 26, 1937. 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:  
Bronchectasis Chronic with Septic termination (Date of onset)

Other contributory causes of importance:  
Emphysema Chronic congestive Circulatory failure (Date of onset) 1/27/37

Name of operation none Date of .....  
What test confirmed diagnosis Phys X-ray 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) W. B. Beckmeyer, M. D.  
(Address) Sedalia Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-17235