

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stevenson
Township Union
City (No.)

Registration District No. 852
Primary Registration District No. 6121

File No. 42661
Registered No.
St. 1 Ward

2. FULL NAME

James Brassfield
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 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) Was divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Hoover Brassfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1894

7. AGE YEARS MONTHS DAYS 43 1 4 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmed

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) 13 - 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trigg County

13. NAME James Brassfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, Pa.

15. MAIDEN NAME Mahalia Johnson

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

17. INFORMANT (ADDRESS) Brassfield Family

18. BURIAL, CREMATION, OR REMOVAL PLACE Hoover Cemetery DATE Oct 31, 1937

19. UNDERTAKER (ADDRESS) S. W. Humberg

20. FILED Dec 13 19 37 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 19 37, to Oct 29 19 37.

Last saw him alive on October 19 37. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Angina pectoris

Date of onset Oct 27/37

Other contributory causes of importance: Senility

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? No If so, specify

(Signed) J. R. McArdle, M. D.
(Address) Brassfield, Mo.

No. 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.

