

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township Brewer
City Brewer

Registration District No. 185-1

Primary Registration District No. 6251

File No. 2408
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 2 - 1864</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Oct 13, 1937

I last saw her alive on Sept 30, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary T.B.
Tuberculosis

RECEIVED

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Tom Smith</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Nancy Hale</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT <u>R. N. Phillips</u> (ADDRESS) <u>Brewer, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hydes Cave</u> DATE <u>Oct. 14</u> , 19 <u>37</u>	
19. UNDERTAKER <u>B. C. K. K. K.</u> (ADDRESS) <u>W. Park, Mo.</u>	
20. FILED <u>3-4</u> , 19 <u>38</u> <u>Josephine M. Smith</u> Registrar.	

Name of operation _____ Date of _____

What test confirmed diagnosis? FEB 23 1938 Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or BUREAU OF VITAL STATISTICS _____, 19____
Where did injury occur MO. STATE BOARD OF HEALTH _____
(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) R. R. Farthing, M. D.
(Address) W. Park Mo.

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

