

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

Do not use this space.

1. PLACE OF DEATH

County Talbot Registration District No. 708
 Township South Green Primary Registration District No. 5937d
 City Buffalo (No. _____) St. _____ Ward _____

File No. 3809
 Registered No. 1

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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Theo. Brooks.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 3 22

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

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 1

12. BIRTHPLACE (CITY OR TOWN) Dallas County
 (STATE OR COUNTRY) Missouri

13. NAME Reley Harper

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

15. MAIDEN NAME Abbecca Kessel

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

17. INFORMANT (ADDRESS) Charles Kessels
Buffalo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Talbot DATE Dec. 19, 1937

19. UNDERTAKER (ADDRESS) White Coronian Funeral Home
Buffalo, Mo.

20. FILED 1-22-38 Mo Registrar 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Dec 18, 1937
 I last saw him alive on Dec 18, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Intestinal Tuberculosis
 Date of onset ?

Other contributory causes of importance:
75

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
 (Signed) Doyle C. Underhill M. D.
Boleva Mo (Address)

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.

RECEIVED

FEB 28 1938

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