REC'D MAR 14 1938

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

5936
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain
(b) Township ~~Salt River~~
(c) City Mexico, Mo
(d) Street No. Audrain Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 26
Primary Registration District No. 3002
Registered No. 26

2. PRINT FULL NAME Frank Grant Brenton 653
(a) Residence, No. R.F.D. #5 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Brenton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10, 1865

7. AGE: Years 72 | Months 2 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) January 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebonan Ind.

FATHER
13. NAME Simon Brenton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Norcissa Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Miss Lena Brenton
(ADDRESS) Cleveland, Ohio

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
PLACE Elmwood Cemetery, DATE Feb. 22, 1938

19. FUNERAL DIRECTOR H.A. Precht & Son
(ADDRESS) Mexico, Mo.

20. FILED Feb 21, 1938 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Feb 20, 1938
I last saw h. alive on Feb 19, 1938. Death is said to have occurred on the date stated above, at 1:25 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchio	2-19-
DTA	

Other contributory causes of importance:
Senility
Bronch-Stasis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) R. S. Williams, M. D.
(Address) Mexico Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)