

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

Do not use this space.

REC'D MAR 14 1938 9

1. PLACE OF DEATH

County

Bollinger

Registration District No.

69

Township

Waverly

Primary Registration District No.

5108

City

Hahn, Mo.

(No.

File No.

6007

Registered No.

127

St.

Ward)

2. FULL NAME

Lerial (Lerial) Thomas Brees

(a) Residence, No.

Hahn, Mo. rural

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

7 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

2 yrs.

2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mangie Melinda Brees

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

Sept. 23, 1937

7. AGE

YEARS

71

MONTHS

2

DAYS

11

if LESS than 1

day, hrs. or min.

OCCUPATION

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

Farmer

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

Farmer

10. Date deceased last worked at this occupation (month and year)

Sept. 30, 1935

11. Total time (years) spent in this occupation

11

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

Hamilton County, Indiana

FATHER

13. NAME

Moses Brees

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

Don't know

MOTHER

15. MAIDEN NAME

Nancie E. Handcock

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

Don't know

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Hill Cemetery, DATE December 5, 1937

19. UNDERTAKER
(ADDRESS)

Paw Lohs Dalbo, Zalma, Mo.

20. FILED

7/26, 1938 Mrs. Jake Berry Registrar

MEDICAL CERTIFICATE OF DEATH

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

December 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1937, to December 4, 1937

I last saw him alive on November 29, 1937. Death is said to have occurred on the date stated above, at 10:27 A.M.

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

Cirrhosis of the Liver Dec. 1935
(not specified as alcoholism)

Date of onset

Other contributory causes of importance:

1246-1

Senility

Name of operation

Date of

What test confirmed diagnosis? Physical 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) Dr. R. A. Smith M. D.

(Address) P.O. Box #62, Zalma, Mo.

