

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.

REC'D MAR 25 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Shannon  
Township East  
City          (No.         )

Registration District No. 1077  
Primary Registration District No. 6083

File No. 8326

Registered No. 9  
St.          Ward         

## 2. FULL NAME

(a) Residence, No.           
(Usual place of abode)

St.          Ward         

(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17 - 1938</u>		
7. AGE	YEARS	MONTHS
	<u>        </u>	<u>        </u>
		DAYS <u>28</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME John A. Brake

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

15. MAIDEN NAME Goldie Conner

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

17. INFORMANT Mrs. Frank Norman Neighbor  
(ADDRESS) Summersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Flat Rock Cemetery Feb. 15 - 1938

19. UNDERTAKER Lessee Robinson (Neighbor)  
(ADDRESS) Summersville, Mo.

20. FILED Feb. 15 - 1938 J. B. McDaniel  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 2, 1938, to Feb. 14, 1938.I last saw him alive on 2/14/1938. Death is saidto have occurred on the date stated above, at 5:30 A.M.

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

Date of onset

Hemorrhagic Sclerosis15/18 -

Other contributory causes of importance:

