REC'D APR 7 1938

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

Do not use this space.

1. PLACE OF DEATH
County Audrain Hosp - Mexico Mo — Registration District No. 26 — File No. 10004
Township Salt River — Primary Registration District No. 3002 — Registered No. 46
City Mexico Mo (No. Audrain Hospital St. Ward)

2. FULL NAME Mrs Claude (Katherine) Brett 630
(a) Residence, No. R T D Mexico Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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 (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claude Brett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18-98
7. AGE Years 39 Months 6 Days 6 If LESS than 1 day, ....hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

FATHER
13. NAME August Cuno
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

MOTHER
15. MAIDEN NAME Caroline Son Tag
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

17. INFORMANT (ADDRESS) Mrs August Son Tag McCredie, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Aux Vasse DATE 3/25 1938
19. UNDERTAKER (ADDRESS) Hughes Maupin Aux Vasse Mo.
20. FILED March 24 1938 Blanche Neely Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1937, 19.., to March 24, 1938
I last saw her alive on 3-23-38, 19.. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Addison's Disease | |
| 68- | |

Other contributory causes of importance: Acute tonsillitis

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
If so, specify
(Signed) E. F. Hanser M. D.
(Address) Mexico Mo

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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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