

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

16102
 Do not use this space.

REC'D MAY 25 1938

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 118
 (c) City Hammond (d) Street No. St. Joseph 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.

2. PRINT FULL NAME

Sarah Belle Brumley
 (a) Residence, No. Goodman 710 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Brumley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 20 19

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

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

FATHER 13. NAME Isaac Williams

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital record

18. BURIAL, CREMATION, OR REMOVAL St. Joseph Cemetery DATE April 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) Funeral Home
Nevada, Mo

20. FILED 4/30 1938 Allen T. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1938, to April 29, 1938

I last saw her alive on April 29, 1938 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Chronic myocardial insufficiency
92 B 1

Date of onset ?

Other contributory causes of importance:
Senile dementia
Sen. arterio-sclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

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 1

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) F. L. Martin, M. D.

(Address) Nevada Mo 795

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state

STATEMENT BY LICENSED EMBALMER

I, Lloyd B. Winscott, Licensed Embalmer No. 3857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lloyd B. Winscott

Licensed Embalmer No. _____

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