EC'D JUN 8 1938

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

18098
Do not use this space.

ACE OF DEATH
nty Cooper
nship Otterville
Otterville

Registration District No. 221
Primary Registration District No. 4134
Registered No.

(d) Street No. ..... 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 Life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Lafayette Brisley 624

(a) Residence, No. ..... 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Suzan Francis Brisley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1860

7. AGE YEARS 77 MONTHS 10 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo.

FATHER
13. NAME Cyrus Brisley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. L. E. Brisley Otterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville, Mo DATE 4-15 1938

19. FUNERAL DIRECTOR (ADDRESS) Parker Funeral Service Otterville, Mo.

20. FILED 5/24 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1938, to 4/13, 1938
I last saw him alive on 4/13, 1938 Death is said to have occurred on the date stated above, at 10:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4-10-38
95	
Other contributory causes of importance: Chronic Myocarditis	D/c

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) Robt L Fogle, M. D.
(Address) Otterville Mo

(Licensed Embalmer's Statement on Reverse Side)

...may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lucius F. Porter, Licensed Embalmer No. 3840

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 Lucius F. Porter

Licensed Embalmer No. 3840

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

18098
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1. PLACE OF DEATH
(a) County Cooper — Registration District No. 221
(b) Township — Primary Registration District No. 4134 — Registered No.
(c) City Otterville — (d) Street No. ..... 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 Geo. Lafayette Brisley
(a) Residence, No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Francis Brisley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1860

7. AGE: Years 77 — Months 10 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Ind

FATHER
13. NAME Cyrus Brisley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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18. BURIAL, CREMATION, OR REMOVAL
PLACE Otterville DATE 4-15 1938

19. FUNERAL DIRECTOR (ADDRESS) Parker Funeral Service Otterville Mo

20. FILED 4/20 1939 Robt H Fogle Local Registrar.

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I last saw him alive on 4-13 1938. Death is said to have occurred on the date stated above, at 10-25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4-10-38

Other contributory causes of importance: Chro myo Cardiitis

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?
If so, specify

(Signed) Robt H Fogle, M. D.
(Address) Otterville Mo

EXAMINED

RECEIVED
...rict Health Officer No. 8,
...rt File Number
...ate ... 4/22/39

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