

JUL 17 1938

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

22602
Do not use this space.

OF DEATH
County Pemiscot Registration District No. 651
Township Cooter Primary Registration District No. 5873 Registered No. _____
(c) City Cooter (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Chas. Edward Brisco 621
(a) Residence, No. _____ 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 Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1937
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 1 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Cooter MO.
13. NAME Dan Brisco
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeport La
15. MAIDEN NAME Ethel Fruit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn
17. INFORMANT (ADDRESS) Dan Fruit Cooter, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 6/14, 1938
19. FUNERAL DIRECTOR (ADDRESS) None
20. FILED 7-15, 1938
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 13, 1938
I last saw him alive on June 13, 1938 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
Copious and whooping cough
Date of onset _____
Other contributory causes of importance: 9
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) J. R. McDaniel, M. D.
(Address) Steele Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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

22607
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 626
(b) Township Cooter Primary Registration District No. 5893 Registered No. _____
(c) City _____ (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 Chas Edward Brisco

(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>inf</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Inf.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11 - 1931</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>1</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant</u>			
	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) <u>Cooter Mo</u>				
FATHER	13. NAME <u>Dan Brisco</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Freeport Mo</u>			
MOTHER	15. MAIDEN NAME <u>Thel Prescott</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Mo</u>			
17. INFORMANT (ADDRESS) <u>Dan Prescott Cooter Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary</u> DATE <u>6-14-38</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>none</u>				
20. FILED <u>2-21-39</u> <u>Tomburgence</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1938

22. I HEREBY CERTIFY, That I attended deceased from June 10 to June 13, 1938
I last saw him alive on June 13, 1938 Death is said to have occurred on the date stated above, at 4 A. m.

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

Colitis and subacute cough

Date of onset

Other contributory causes of importance:

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. J. R. McDaniel, M. D.
(Signed) _____

(Address) Steele Mo

