DEC 20 AUG 23 1938

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

24615
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain 1 Registration District No. 912
(b) Township Primary Registration District No. 4550 Registered No. 26
(c) City Vandalia (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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Brice 620
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

4
5
0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noel Brice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29 1897
7. AGE YEARS 40 MONTHS 3 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Mo 0

FATHER
13. NAME M Nickens 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

MOTHER
15. MAIDEN NAME Cora Imbe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Noel Brice Vandalia Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Marlsbury Mo DATE 7-17 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm Waters Vandalia Mo
20. FILED 7/16 1938 Carrie F. Ullerbock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 1938, to July 15 1938
I last saw her alive on July 10 1938. Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Valvular disease - Mitral stenosis	
92	

Other contributory causes of importance:
Endocarditis
Acute Glomerular Interstitial Nephritis

Name of operation Date of
What test confirmed diagnosis? Ambulatory Was there an autopsy? No

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) Dr. R. L. Marshall, D.D.
27 (Address) Vandalia Missouri

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Wm B W

_____, or by _____

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

Signed Wm B Waters

Licensed Embalmer No. 3275

P. O. Address Vandalia

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

If this body is not embalmed, above space should be left blank.