

REC'D AUG 11 1938

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

25818  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Linn  
(b) Township Brookfield  
(c) City Brookfield

Registration District No. 494  
Primary Registration District No. 3025

Registered No. 58

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 536 Hyatt St.  (Usual place of abode if no street address, write county or city)  
St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leland Churchill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1861

7. AGE YEARS 77 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) Rock Bridge Co., Virginia13. NAME Robert A. Gold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know - Virginia15. MAIDEN NAME Nancy Inominger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs. Pearl Gress Brookfield18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery July 23, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Will General's Chapel Brookfield, Mo.20. FILED Aug 9, 1938 Frank Lucas Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 21, 1938 to July 21, 1938.  
I last saw her alive on July 21, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

General arteriosclerosis  
Arterio-sclerosis  
7/21/38

Other contributory causes of importance:

Hypertension  
Arterio-sclerosis  
7/21/38

Name of operation None Date of NoneWhat test confirmed diagnosis? None 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) Ray H. Haley M. D.(Address) Brookfield, Mo.

**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, .....

*J. W. Blacklock*

....., or by .....

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

Signed.....

*J. W. Blacklock*

Licensed Embalmer No. ....

*2246*

P. O. Address.....

*Brookfield*

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

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