

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

40568  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Texas Registration District No. 862  
 (b) Township Burdine Primary Registration District No. 6135-  
 (c) City Cabool (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**

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Martha Jane Brumley  
 (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 Henry Brumley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 3 17

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. all of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas co. mo?

FATHER 13. NAME Will J. Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga. 1

MOTHER 15. MAIDEN NAME Letha Johnson

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

17. INFORMANT (ADDRESS) Mrs Geo. Dave Cabool Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE Dec 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rayland V. Elliott Cabool Mo.

20. FILED Dec 10 1938 Mrs. Clois Cunningham Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1938

22. I HEREBY CERTIFY That I attended deceased from Nov-14-38 to Nov-18-38  
 I last saw him alive on Nov-19-38 Death is said to have occurred on the date stated above, at 9:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Probable myocarditis  
99%

Other contributory causes of importance:  
Coronary atherosclerosis  
atherosclerosis

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) E. Pittman, M. D.  
 Address Cabool Mo.

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

**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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 2252

P. O. Address. Cabool MO

**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.**