

REC'D FEB 11 1939

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

2514

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 387
(b) Township Dry Creek Primary Registration District No. 334d Registered No.
(c) City (d) Street No. St.
(e) Length of residence in city or town where death occurred 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

620 SARAH A. BRIXEY
(a) Residence, No. Pomona, Mo. Route 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver H. Brixey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 9 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Atlanta, Georgia.
(STATE OR COUNTRY)

13. NAME Wm. Weatherford

14. BIRTHPLACE (CITY OR TOWN) Wrens Georgia.
(STATE OR COUNTRY)

15. MAIDEN NAME Eliz. Hicks

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

17. INFORMANT (ADDRESS) Crawford Brixey Pomona, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Creek Tp. Mt. Zion DATE Jan. 24, 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh
(ADDRESS) West Plains, Mo.

20. FILED 1-28-1939 Lara Cagle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939 to Jan 21, 1939
I last saw her alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 3:0 p.m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Other contributory causes of importance:

Senility
Chronic Myocarditis

Name of operation Date of
What test confirmed diagnosis? Exam 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) E. C. Bohrer, M. D.

(Address) West Plains, 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, Hal Thornburgh

or by

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

Signed.....

Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.