

REC'D FEB 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Marion*Township *Boone*

City

(No. _____)

Registration District No. *543*Primary Registration District No. *6743*File No. *3013*Registered No. *21*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

✓

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

11/27-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

*1**12*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, 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.

MOTHER

13. NAME

Fred Brisman

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

mo.

15. MAIDEN NAME

Sadie Brauer

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

Mo

17. INFORMANT (ADDRESS)

Fred Brisman Dixon mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lambeth

DATE

Jan 10 1939

19. UNDERTAKER (ADDRESS)

Fred H. Gilbert Dixon mo

20. FILED

Jan 17 1939 Mrs Rosa Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 9 1939

22. I HEREBY CERTIFY, That I attended deceased from

*Jan 7 1939, to Jan 9 1939*I last saw him alive on *Jan 9 1939*. Death is saidto have occurred on the date stated above, at *10th*.

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

Date of onset

*Lobar pneumonia**1/4/39*

Other contributory causes of importance:

Name of operation

Date of *x*

What test confirmed diagnosis?

*x*Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *x* Date of injury *x*, 19*39*Where did injury occur? *x*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *x*Nature of injury *x*24. Was disease or injury in any way related to occupation of deceased? *x*

If so, specify

(Signed)

Kinder Gatal, M. D.

(Address)

*Brinttown mo 3**843*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

