

REC'D APR 13 1939

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

Do not use this space.

12537

1. PLACE OF DEATH

County *St. Louis*

Township *Castor*

City *Dexter R. 2*

Registration District No. *837*

Primary Registration District No. *6097*

File No. ....

Registered No. ....

St. ....

Ward) ....

2. FULL NAME *Katherine Lee Brothers*

(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.

yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F.*

4. COLOR OR RACE *W*

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/18*, 19*39*

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

22. I HEREBY CERTIFY, That I attended deceased from *March 10<sup>th</sup>*, 19*39*, to *March 18<sup>th</sup>*, 19*39*

I last saw her alive on *March 15<sup>th</sup>*, 19*39* Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 1<sup>st</sup> 1939*

to have occurred on the date stated above, at *119* a.m.

7. AGE YEARS MONTHS DAYS

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*1*

*18*

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

*Bronchial pneumonia*  
Date of onset *7 days*

OCCUPATION

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

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 ....

Other contributory causes of importance *anemia*

12. BIRTHPLACE (CITY OR TOWN) *Dexter R. 2*  
(STATE OR COUNTRY) *MO*

13. NAME *Harley Brothers*

14. BIRTHPLACE (CITY OR TOWN) *Dexter Mo.*  
(STATE OR COUNTRY) *MO*

15. MAIDEN NAME *Maie Masterson*

16. BIRTHPLACE (CITY OR TOWN) *Dexter Mo.*  
(STATE OR COUNTRY) *MO*

17. INFORMANT *Maie Masterson*  
(ADDRESS) *Dexter Mo. R. 2*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Dexter*

DATE *3/18*

1939

19. UNDERTAKER *Watkins*  
(ADDRESS) *Dexter Mo.*

20. FILED *4/10*

1939

*Jennie R. ...*  
Registrar.

Name of operation *0*

Date of *Mo*

What test confirmed diagnosis? *0*

Was there an autopsy? *Mo*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *0* Date of injury .....

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 *0*

Nature of injury *0*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *S. S. ...*

(Signed) *S. S. ...*

M. D.

(Address) *Dexter Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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1. PLACE OF DEATH  
 (a) County Stoddard Registration District No. 837  
 (b) Township Castor Primary Registration District No. 6099 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (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 Catherine Lee Brothers  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_

FATHER  
 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19  
 19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_  
 20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18 1977

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Brother's Pneumonia  
to which complications  
fracture of ribs  
1074  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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) S. S. Davis, M. D.  
 (Address) Defton mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION if known.

SUPPLEMENTARY

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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 (b) Township Castor Primary Registration District No. 6099 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (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 Catherine Lee Brothers  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED inf  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 18  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
 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) Depler Mo  
 13. NAME Harley Brothers  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Depler Mo  
 15. MAIDEN NAME Mal Masterson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Depler Mo  
 17. INFORMANT (ADDRESS) Mal Masterson Depler Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sadlers DATE 3/18 1939  
 19. FUNERAL DIRECTOR (ADDRESS) Walpins Depler Mo  
 20. FILED June 8 1939 Loonie Purney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1939 to Mar 18 1939  
 I last saw her alive on Feb 18 1939. Death is said to have occurred on the date stated above, at 1:10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia  
Myeloid  
 Other contributory causes of importance:  
Anemia  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) S. S. Davis, M. D.  
 (Address) Depler Mo

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EMERGENCY

MAY 12 1939