REC'D MAY 24 1939

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

16382
Do not use this space.

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.

1. PLACE OF DEATH
(a) County: Vernon 2 — Registration District No.: 875
(b) Township: Centre 1 — Primary Registration District No.: 6160 — Registered No.: 96
(c) City: Nevada — (d) Street No.: Nevada, Mo. R.F.D. 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 38 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Janie Brokaw
(a) Residence, No.: Nevada, Mo. R.F.D. 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: F
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: Clifford Brokaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 20, 1869

7. AGE: Years 70 — Months 0 — Days 11 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.: home
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): Dell, Wisconsin

FATHER
13. NAME: James Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

17. INFORMANT (ADDRESS): Howard Brokaw Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Newton Cemetery DATE: April 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Terry Funeral Home Nevada, Mo.

20. FILED 4/3 1939 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. —, 1935, to Mar 31, 1935
I last saw her alive on Mar 21, 1935 Death is said to have occurred on the date stated above, at 8:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Lesion — unknown	
Mitral Regurgitation	

Other contributory causes of importance: NZN

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) C. L. Kuthley, M. D.
(Address) Mills Ave

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-926
Date Filed J-8-39

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, Personall

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

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

Signed Lloyd R. Wimsatt

Licensed Embalmer No. 3867

P. O. Address Nevada, Mo.

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

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