JUL 18 1939

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

Do not use this space.

1. PLACE OF DEATH

57 County Lincoln 2 1 Registration District No. 492 File No. 22562 24

Township Monroe Primary Registration District No. 5652 A Registered No.

City (No. , St. Ward)

2. FULL NAME 16 Milton Maltimore LaBrash

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Jane Osbon LaBrash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	11	19	

OCCUPATION

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

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) June 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Missouri 0

FATHER

13. NAME Lapoleon LaBrash 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota 0

MOTHER

15. MAIDEN NAME Rebecca Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Missouri

17. INFORMANT (ADDRESS) Mrs. M. M. LaBrash Moscow Mills, Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Salem Cem. DATE June 12, 1939

19. UNDERTAKER (ADDRESS) O'Garlan C. Ricks (4012) Winfield, Mo.

20. FILED 6/12 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932 to June 10, 1939

I last saw him alive on June 10, 1939 Death is said to have occurred on the date stated above, at 7 p.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 92C

Name of operation — Date of

What test confirmed diagnosis? Physical Examination 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? no

If so, specify

(Signed) J. J. Allevato, M. D.

(Address) Winfield, 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.