

NOV 18 1939

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

36783
Do not use this space.

1. PLACE OF DEATH
 (a) County Nodaway Registration District No. 625
 (b) Township _____ Primary Registration District No. 3031
 (c) City Maryville (d) Street No. 1223 E Third St Registered No. 143
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
640

2. PRINT FULL NAME Sicy Holmes Brailey
 (a) Residence, No. 1223 E Third St 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

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Brailey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1860
 7. AGE YEARS 79 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Brentwood Kentucky
 13. NAME Eliza Graves
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Six H. Evans Maryville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct 31, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quinn's Fun Co Maryville Mo
 20. FILED Oct 30, 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1939 to Oct 26, 1939
 I last saw her alive on Oct 25, 1939 Death is said to have occurred on the date stated above, at 2:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Uremic Coma
chronic interstitial nephritis
 Date of onset _____

Other contributory causes of importance: 12/1
 Name of operation None Date of _____
 What test confirmed diagnosis urinalysis 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) H. M. Haell M. D.
 (Address) Maryville 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.

1 X14023

RECEIVED

District Health Officer No. 44

District File Number 1139-1576

Date Filed NOV 16 1939

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,

Lee Meek

or by

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

Signed *Lee Meek*

Licensed Embalmer No. 3538

P. O. Address *Mayville, Miss*

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.