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.

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

40305
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe 2 Registration District No. 581
(b) Township 1 Primary Registration District No. 4343 Registered No. 33
(c) City or Monroe City (d) Street No. 414 S. Chestnut 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 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Mary Ellen Brydon
(a) Residence, No. 414 - South Chestnut 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James F. Brydon.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 24 1874
7. AGE: Years 65 Months 2 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. At 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): Vallie Town Illinois 1

FATHER
13. NAME: John Paxton 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 1

MOTHER
15. MAIDEN NAME: Mary Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City N.Y.

17. INFORMANT (ADDRESS): Vernon Brydon Monroe City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Demoss Chapel Ralls Co DATE: Nov. 15 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wilson + Son. Monroe City Mo
20. FILED 11/15 1939 W. D. Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 14th 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1939 to Nov. 14 1939
I last saw her alive on Nov. 13 1939. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the duodenum & adnexa
Date of onset: [illegible]
Other contributory causes of importance: 46
Name of operation: Exploratory Laparotomy Date of
What test confirmed diagnosis? Clinical Was there an autopsy? 9/20/39
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) W. D. Pipkin, M. D.
51 (Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-39-2091
Date Filed DEC 7 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, or by myself, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City 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.