

FILED JUL 15 1940

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

Do not use this space.

21630

1. PLACE OF DEATH

County DeKalb Registration District No. 259
 Township Camden Primary Registration District No. 4858
 City Maysville (No.) St. Ward)

2. FULL NAME Minnie Pearl Brant

(a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 13-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mls.
53 7 12

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

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. 16 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County, Mo.13. NAME Emory H. Brant14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Julia Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin17. INFORMANT Spencer Brant
(ADDRESS) Maysville Mo.18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. Maysville 6/27-40 19.19. UNDERTAKER Pilcher Funeral Home
(ADDRESS) Maysville Mo.20. FILED 7-1 19 40 E. Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25-40 1922. I HEREBY CERTIFY, That I attended deceased from JUNE 24 19 40, to JUNE 25 19 40I last saw her alive on JUNE 25 19 40. Death is saidto have occurred on the date stated above, at 4:30 AM

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

ACUTE CORONARY THROMBOSIS Date of onset 6-24-4094 P94 P94 P

Other contributory causes of importance:

CORONARY SCLEROSIS UNDET.OBESITY UNDET.

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? no

If so, specify

(Signed) John M. Cooper M. D.(Address) Maysville, Mo.234

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.

RECEIVED

District Health Officer No. 11,

District File Number 740-1145

Date Filed JUL 8 1940

Embalm'd By C. T. Pilcher

Missouri Licence #3960

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 21630

Registration District No. 259

Primary Registration District No. 415-8

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Mayeville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County DeKalb
(c) City or town Mayeville
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Minnie Pearl Brant

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 12 If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-1-40 (b) Ethel H. Rowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: month June day 20 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John M. Cooper (M. D. or other) _____
Address Mayeville mo. Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

