

FILED JAN -9 1943

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

Do not use this space.

41360

1. PLACE OF DEATH

County Miller
Township Clairo
City Route 2, Brunley (No. 0)

Registration District No. 21360
Primary Registration District No. 57810

File No. _____
Registered No. 76
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Biddie Russell

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

June 9 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

42

6

20

OCCUPATION

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

Home Keeper

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)

Dec 1942

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Miller Co. Mo. 0

13. NAME

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

15. MAIDEN NAME

Lulu Gumm

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Miller Co. Mo. 0

17. INFORMANT
(ADDRESS)

Lulu Gumm

18. BURIAL, CREMATION, OR REMOVAL

Brunley, Mo.

PLACE Not known

DATE Dec 31 194219. UNDERTAKER
(ADDRESS)St. Casey
Brunley, Mo.

20. FILED

Dec 31 1942
E. R. Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 1942

22. I HEREBY CERTIFY, That I attended deceased from

Dec 29 1942 to Dec 29 1942I last saw her alive on Dec 25 1942 Death is saidto have occurred on the date stated above, at 4 P. m.

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

Cerebral hemorrhage
(apoplexy)

Date of onset
12/29/42

Other contributory causes of importance:

Hypertension

1933

Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) Myron D. Jones, M.D.(Address) Brunley, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

RECEIVED

Miller County Health Dept.

County File Number 42-109

Date Filed 1/7/43

Embodied by me - 12-30-42

H. Casey

License - 2694

Ibma, Md