

DEC 18 1939

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

22555
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 491
(b) Township Bedford Primary Registration District No. 4298
(c) City Troy Mo (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Frank Paige Brummell St. Troy Mo
(Usual place of abode if no street address, write county or city) (If nonresident, give city or town and State)

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 Ethel May Brummell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1877
7. AGE YEARS 62 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. General Duties
10. Date deceased last worked at this occupation (month and year) June 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County

13. NAME Joseph P. Brummell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Ill

15. MAIDEN NAME Julia Ann Sheek

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

17. INFORMANT Mrs. Frank Brummell
(ADDRESS) Troy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy Cem DATE June 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayne McCoy
Troy Mo

20. FILED 1-29 1939 Mrs. Pearl Muck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1939

22. I HEREBY CERTIFY That I attended deceased from June 28 1939 to June 28 1939
Last saw him alive on June 28 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
He died very sudden
was dead when I arrived

Other contributory causes of importance:

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) E. H. Shanks, M. D.

(Address) Troy Mo

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.