

DEC 18 1935

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

Do not use this space.

35849

## 1. PLACE OF BIRTH

County GrundyRegistration District No. 328Township TaylorPrimary Registration District No. 5464City Brimson

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Brimson Mo 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)

Widow

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

Widow of E. Nirt Jackson

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

Jan. 28 - 1860

## 7. AGE

YEARS

MONTHS

DAYS

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

75913

## OCCUPATION

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

House widow

## 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

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

Ohio

## 13. NAME

Asa Dent

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

Ohio

## 15. MAIDEN NAME

Anna Briggs

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

Ohio

## 17. INFORMANT (ADDRESS)

Mrs Lee Miller

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Edinburg Mo

DATE

11/7

1935

## 19. UNDERTAKER (ADDRESS)

Epiphany Funeral Home  
Brimson Mo

## 20. FILED

11-6 1935 Irene S. Faw

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11-51935

## 22. I HEREBY CERTIFY, That I attended deceased from

July 1935 to Nov 5 1935I last saw her alive on Oct Oct 26, 1935 Death is saidto have occurred on the date stated above, at 7 8 m.

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

Date of onset

Coronary thrombosis of heart 1 yr

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed)

W H Warren M. D.

(Address)

Brimson City 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.

Dr. Warren  
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