12

MAR 21 1929

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

Do not use this space.

5641

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township Paplos Bluff — Primary Registration District No. 5131 — Registered No. 49

City Kelley Town (No. ..... St. ..... Ward)

2. FULL NAME Darik Lillian Brack

(a) Residence. No. Kelly Town 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bernie
(STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Loran Brack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bernie
(STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER Lena Faust
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leslie
(STATE OR COUNTRY) ask

14. INFORMANT Loran Brack
(Address) Paplos Bluff mo General Delivery

15. FILED 2/22, 1929 Dr B J Clay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1929, to Feb 21, 1929 that I last saw him alive on Feb 21, 1929, and that death occurred, on the date stated above, at 6 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Bronchi~~ Influenza
114
1079
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Bronchi pneumonia
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF ....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) [signature], M. D
2-22, 1929 (Address) Paplos Bluff mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Black Creek Cem — DATE OF BURIAL Feb 22 1929

20. UNDERTAKER N T Phelps — ADDRESS Paplos Bluff 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.