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

Do not use this space.

20700

1. PLACE OF DEATH.
County Butler
Township ~~Poplar~~ Bluff
City Poplar Bluff (No. ..... St. ..... Ward)

Registration District No. 89
Primary Registration District No. 3607

File No. .....
Registered No. 112

2. FULL NAME Lennie Brickley
(a) Residence. No. E N. D 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. 2 mos. ..... ds. How long in U.S., if of foreign birth? yrs. ..... mos. ..... ds.

JUL 22 1931

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	0	12	

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

9. BIRTHPLACE (CITY OR TOWN) Quin
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Mr. Kraul
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Otis Brickley
(Address) N. D. St

15. FILED June 3 1931 B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-3-1931

17. I HEREBY CERTIFY, That I attended deceased from ~~4-6~~ 4-6, 1931, to 6-2, 1931, that I last saw h. alive on 6-2, 1931, and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
48
..... (duration) yrs. 6 mos. 3 ds.

CONTRIBUTORY (SECONDARY) 48
..... (duration) yrs. ..... mos. ..... 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) O H Shelby, M. D
, 19 (Address) Poplar 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 Webb cemetery
DATE OF BURIAL June 4 1931

20. UNDERTAKER Greer Undertaking Co
ADDRESS Poplar Bluff