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.

JUL 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 19534

Township: — Primary Registration District No.: 1001 — Registered No.: 669

City: St. Joseph, (No. 2024 No. 4th. St. St. Ward)

2. FULL NAME Gladys Bernice Brigham

(a) Residence, No. 2024 No. 4th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 29, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	19	6	5	

OCCUPATION

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

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) St. Joseph, Mo.

FATHER

13. NAME Kenneth E. Brigham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co, Mo.

MOTHER

15. MAIDEN NAME Evelyn M. Grimm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) Kenneth E. Brigham 2024 No. 4th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE June, 7, 1934

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 130 Faraon St. St. Joseph, Mo.

20. FILED JUN 7 1934 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 4, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1933, to to, 19

I last saw her alive on June 4, 1934. Death is said to have occurred on the date stated above, at 8.25 P.M.

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

Pulmonary Tuberculosis, 23A — Date of onset Feb 1931

23

Other contributory causes of importance: unknown

Name of operation none Date of —

What test confirmed diagnosis? ex Lab & X-Ray Was there an autopsy? no

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. M. Shores, M. D.

(Address) Kirkpatrick Bldg, St. Joseph, Mo.