

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.

NOV 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Andrew,
Township Lincoln,
City Herrick Clinton Brasfield,

Registration District No. 8
Primary Registration District No. 5011

File No. 38387
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 312 No. 20th.
(Usual place of abode)

Brasfield
St. Joseph, Mo. Ward St. Joseph, Mo.

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joseph, Mo. Airport,
10. Date deceased last worked at this occupation (month and year) November 1934 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville, Missouri,

13. NAME Zell Brasfield,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County, Missouri,

15. MAIDEN NAME Hallie Louise Stewart,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County, Missouri,

17. INFORMANT (ADDRESS) L. A. Middleton, 2319 Circle Drive, St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Mo. DATE Nov, 18, 1934

19. UNDERTAKER (ADDRESS) Matson, Belsore & Bowman, St. Joseph, Mo. Funeral Home

20. FILED Nov 17 1934 J. W. Walcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15, 1934

22. I HEREBY CERTIFY, That I viewed deceased from 11-15, 1934, to 11-15, 1934. I last saw deceased alive on 11-15, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m. The principal cause of death and related causes of importance were as follows:

airplane crash Date of onset _____
21:30 11/14/34
2:30 11/14/34
Other contributory causes of importance: Fire Following Crash

Name of operation None Date of _____
What test confirmed diagnosis? Chemical 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? Andrew Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify airplane field manager
(Signed) M. L. Halliday M.D.
(Address) Fillmore Mo. Coroner Andrew Co

