

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

Do not use this space.

JAN 10 1935

1. PLACE OF DEATH *Grundy* Registration District No. *329*
 County *Grundy* Primary Registration District No. *3017*
 Township *Trenton* City *Trenton* No. *1* St. *1* Ward *1*
 2. FULL NAME *Martha Eleanor Brees*
 (a) Residence, No. *R 48, Mercer Mo. st.* Ward. *1*
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. *3* mos. *0* ds. How long in U. S., if of foreign birth? yrs. *0* mos. *0* ds.

File No. *42694*
 Registered No. *42694*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Francis Brees*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 13, 1864*
 7. AGE YEARS *70* MONTHS *8* DAYS *17* If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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) *Iowa*
 FATHER 13. NAME *Elias Jannison*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*
 MOTHER 15. MAIDEN NAME *Ellen Stanford*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*
 17. INFORMANT *Oren Brees* (ADDRESS) *Sevel Iowa*
 18. BURIAL, CREMATION, OR REMOVAL *Buried by Mrs. J. O. Greenlee* DATE *Jan. 1, 1935*
 19. UNDERTAKER (ADDRESS) *J. O. Greenlee*
 20. FILED *12/31* 19*34* *Irene D. Fair* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 30, 1934*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 30 - 1934*, to *Dec 30, 1934*
 I last saw h. *ex* alive on *Dec 29, 1934* Death is said to have occurred on the date stated above, at *12:20 a. m.*
 The principal cause of death and related causes of importance were as follows:
Progressive Paralysis Date of onset *8-20-34*
Asst. D.
97
 Other contributory causes of importance:
Asst. D.
 Name of operation *None* Date of *1-1-34*
 What test confirmed diagnosis? *None* 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) *J. P. Fair* M. D.
 (Address) *Trenton, 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.

