

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

Do not use this space.

JAN 17 1936

40462

1. PLACE OF DEATH

County Newton
Township Van Buren
City _____ (No. _____)

Registration District No. 612
Primary Registration District No. 5814

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

2. FULL NAME Ella Brummett

(a) Residence, No. Sarcoxie, route 1. St. _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 OR
(OR) WIFE OF Burton Brummett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 3, 1852

7. AGE YEARS 83 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11/1/25 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Terre Haute
(STATE OR COUNTRY) Indiana

FATHER 13. NAME Unknown Rooks

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) unk

17. INFORMANT E. E. Bass
(ADDRESS) E. E. Bass, Sarcoxie, Mo.

18. BURIAL PLACE Sims Cemetery OR REMOVAL DATE Dec. 25, 1935

19. UNDERTAKER Brookshire & Piggam
(ADDRESS) Diamond Ave

20. FILED Jan 24, 1936 Grace Hudson
Registrar

Wentworth mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1935 to Dec 22, 1935, 1935
I last saw h. or alive on Dec. 22, 1935. Death is said

to have occurred on the date stated above, at 4: PM m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Date of onset 12-22-35
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) J. W. Beryl, M. D.
(Address) J. W. Beryl, Mo.

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.

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