AUG 12 1936

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

Do not use this space.

25391

1. PLACE OF DEATH
County: Andrew
Township: Platte
City: Whitesville (No. ..., St. ..., Ward)
Registration District No. 15
Primary Registration District No. 5817
File No.
Registered No. 9

2. FULL NAME: Amaranth Brierly

(a) Residence, No. ... 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 18-1842

7. AGE: Years 93 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

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): Hookubla Iowa

FATHER
13. NAME: James Brierly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnatti Ohio

MOTHER
15. MAIDEN NAME: Sarah Cabel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Dr. A. M. Peter Whitesville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Whitesville DATE: 7-18 1936

19. UNDERTAKER (ADDRESS): G. B. Greif Savannah Mo.

20. FILED: July 18 1936 Mrs E C Jeffers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-16 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1936, to 7-16, 1936
I last saw him alive on 7-16, 1936. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Heart Stroke

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) Dr. A. M. Peter, M. D.
(Address) Whitesville Mo

Sister
Sonora COX