ee Harrell

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

Do not use this space.

File No. 2170
Registered No. 7

1. PLACE OF DEATH

County: Butler — Registration District No. 89
Township: — Primary Registration District No. 3007
City: Poplar Bluff (No. 329 Short 5th. Street St. Ward)

2. FULL NAME Marinda Josephine Brickell 62.4

(a) Residence, No. 329 short 5th. Street 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
72	9	23	

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): Jefferson County Indiana

FATHER

13. NAME: Marion Hogg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Mary Winslow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT: Miss Belle Kinne
(ADDRESS): Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Wooslawn Cemetery
PLACE: Poplar Bluff, Mo. DATE: Jan 7, 1938

19. UNDERTAKER: Frank Und. Co.
(ADDRESS): Poplar Bluff, Mo.

20. FILED: 1/7, 1938 O. Hettinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Jan 5, 1938
I last saw her alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 5:45p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	2 days
Hypertension	
Arteriosclerosis	
Endofunctis	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to accident or other external cause (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

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24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. Lee Harrell, M. D.
(Address) Poplar Bluff 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.