

REC'D FEB 16 1939

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

3105
Do not use this space.

1. PLACE OF DEATH

(a) County Emmelen Registration District No. 565
(b) Township Glaze Primary Registration District No. 57610 Registered No. 10
(c) City Brunley or (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 520 Maude Ann Thomas Brunley, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Franklin Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1/5/39 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beria, Mo.

FATHER 13. NAME Michael Connor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER 15. MAIDEN NAME Nancy Ann Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Frank Thomas
Brunley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beria, Mo. DATE 1/6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Casey
Beria, Mo.

20. FILED 1/10 1939 R. H. Hanks
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939, to Jan. 5, 1939, 1939
I last saw her alive on Jan. 5, 1939. Death is said to have occurred on the date stated above, at 5:30 pm.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1935

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) Myron D. Jones M. D.

4738 (Address) Brunley, Mo.

RECEIVED

Miller County Health Dep't.

County File Number 39-12

Date Filed 2-13-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.