ISS'D JUL 6 1939

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

3

22260
Do not use this space.

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.

46 3 1

1. PLACE OF DEATH
(a) County Howell 1 Registration District No. 384
(b) Township Primary Registration District No. 4227 Registered No.
(c) City West Plains, (d) Street No. 409 Worchester West Plains, Mo. 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. 1 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 640 Mildred Marthlane Brill
(a) Residence, No. Willow Springs, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1938

7. AGE: Years 1 | Months 2 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo. 0

FATHER
13. NAME James C. Brill 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Springs, Mo.

MOTHER
15. MAIDEN NAME Caroline Engelman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nokomis, Ill.

17. INFORMANT Mrs. James C. Brill
(ADDRESS) Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE Willow Springs, Mo DATE 6-22- 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh
(ADDRESS) West Plains, Mo.

20. FILED 6-21- 1939 Ida W Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1939, to June 20, 1939
I last saw h. alive on June 20, 1939. Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Meningitis.	12-21-38
Fall from baby carriage on head - 7 mos.	
ago - causing Occipito - atlantal lesion - forming	
subsequent pathology.	
Other contributory causes of importance:	
Otitis media	6-6-39
Influenza	12-21-38
Marasmus	-

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) Virgil S. Bailey, M. D.
(Address) West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Hal Thornburgh, or by .....,

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

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, M

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

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