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

AUG 10 1939

24920
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain — Registration District No. 26
(b) Township Salt River — Primary Registration District No. 5-034 — Registered No. 105
(c) or City ~~Mexico~~ Mo — (d) Street No. R. F. D. #3 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 630 Claud Brett
(a) Residence, No. R. F. D. #3 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1890

7. AGE: YEARS 48 — MONTHS 8 — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Horse Trainer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auxvasse, Missouri

FATHER
13. NAME Taylor Brett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Martha J. Eller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auxvasse, Mo.

17. INFORMANT (ADDRESS) Ed. Brett, Auxvasse, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Auxvasse Mo DATE July 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr., Mexico, Missouri

20. FILED July 14 1939 Blanche Neely, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 10, 1939
I last saw him alive on July 10, 1939 Death is said to have occurred on the date stated above, at 1:00 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
Clinical symptoms of changes in coronary arteries.

Name of operation None 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) J. F. Harrison, M.D.
(Address) Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 2/ /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 Chas Arnold Jr, Registered Apprentice No. ..... working under my personal supervision.

Signed Chas Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico Mo

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

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