

REC'D AUG 3 1939

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

26138
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
 (b) Township Brookfield Primary Registration District No. 3025
 (c) City Brookfield (d) Street No. McRaney Hospital Registered No. 68
 (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

ANNA Richards Brough
 (a) Residence, No. 630 St. Brookfield, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7.M</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>N.A. Brough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28, 1871</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus, Ohio</u>		
FATHER	13. NAME <u>William Richards</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Devonshire So. Wales</u>	
MOTHER	15. MAIDEN NAME <u>Jennie Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cardiff No. Wales</u>	
17. INFORMANT (ADDRESS) <u>N.A. Brough Newtown, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Interment, Mo. DATE July 9, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Person Funeral Service Bucklin, Mo.</u>		
20. FILED <u>Aug 1, 1939</u> <u>Brookfield, Mo.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1939, to 7-6, 1939.
 I last saw her alive on 7/6, 1939. Death is said to have occurred on the date stated above, at 10:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Arteriosclerosis - High Blood Pressure - Poor Diet
Heart
 Date of onset 5th
1931
172

Name of operation 0 Date of 0
 What test confirmed diagnosis? C+L+L Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1939
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury 0
 Nature of injury 0
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify 0
 (Signed) John W. Hume, M. D.
 (Address) Brookfield, Mo.

RECEIVED

District Health Officer No. 117

District File Number

839-236

Date Recd

AUG 2 1939

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. 4037

P. O. Address

Burling, Me

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.