

RECD AUG 3 1939

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

26152
Do not use this space.

1. PLACE OF DEATH

(a) County Linn (b) Township Brookfield Mo. (c) City Brookfield Mo. (d) Street No. 3
Registration District No. 496
Primary Registration District No. 5660 Registered No. 74
(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

520 Mary Katherine Phoenix (Mary Katherine Phoenix.)
(a) Residence, No. 432 1/2 N. Nichols St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Neuro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18 10 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Liberty Mo.

FATHER 13. NAME Liberty Howard Caffie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

MOTHER 15. MAIDEN NAME Bessie Slaughter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

17. INFORMANT (ADDRESS) Dustin Pittman 419 S. Caldwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo. DATE July 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jimmy Gaudin Brookfield Missouri

20. FILED Aug 1 1939 K. Prottieeep Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Skull fracture sustained while riding in car that struck a standing truck on High way 36 near Brookfield Mo. Date of onset 21 10 39

Other contributory causes of importance: (Verdict: Coronary Fatty)

Name of operation... 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? Accident Date of injury July 26 1939
Where did injury occur? Highway 36 - 2 mi west Brookfield Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Occupant of Automobile
Manner of injury Automobile struck standing truck
Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no H. S. Injury (Signed) Coroner King M. D. (Address) Brookfield 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.

839-940
1939
Date Filed AUG 2 1939
Register File Number

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 *Homer Bowden*

Licensed Embalmer No. *3295*

P. O. Address *Brookfield Mo*

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.