JAN 11 1949

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

42807
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN 2 Registration District No. 85
(b) Township or City ST. JOSEPH, 1 Primary Registration District No. 1001 Registered No. 1285
(c) (d) Street No. 1509 SAVANNAH AVE 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 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 625 CHARLES F BRIGHAM
(a) Residence, No. 1509 SAVANNAH AVE 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or ✓ min.
82	2	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BRAKEMAN
9. Industry or business in which work was done, as saw mill, bank, etc. RAILROAD - BURLINGTON
10. Date deceased last worked at this occupation (month and year) JUNE 1909
11. Total time (years) spent in this occupation 30 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE COUNTY. ILLINOIS

FATHER
13. NAME CHARLES H. BRIGHAM.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE ILLINOIS

MOTHER
15. MAIDEN NAME THALEY HOUSEWORTH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALBANY. NEW YORK

17. INFORMANT (ADDRESS) ELIZABETH, BRIGHAM. 1509 SAVANNAH AVE.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE NEW POINT MISSOURI DATE DEC. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN - ST. JOSEPH, MO.

20. FILED Dec 13 1939 H. J. Nestlebush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1939, to December 12, 1939
I last saw him alive on December 12, 1939. Death is said to have occurred on the date stated above, at 12 Noon.
The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis Chr. — Date of onset Don't know

Other contributory causes of importance: none

Name of operation none Date of no
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 none
(Signed) W. H. Morris, M. D.
85 (Address) 309 Albany St

(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.

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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. G. Swan

Licensed Embalmer No. 4082.

P. O. Address St. Joseph

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.