

FILED JUN 2 1940

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

19746

Do not use this space.

## 1. PLACE OF DEATH

(a) County Stone Registration District No. 842  
 (b) Township St. Johns Primary Registration District No. 6209 Registered No. \_\_\_\_\_  
 (c) City or Near Dunley Mo (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 626 Sarah Jane Brashers  
Republic Mo. Rural (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF James Brashers  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 11 24  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Greene Co. Missouri

FATHER 13. NAME Dudley Blades

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Frances Garroulle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Mrs. Ella Logan  
Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blades Chapel DATE May 27 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. E. Thurman & Son  
Republic, Mo.

20. FILED May 27 1940 Mira Ethel Doynt  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935, to May 26, 1940  
 I last saw her alive on May 20, 1940. Death is said to have occurred on the date stated above, at 10 m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: asthma for 20 years

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) E. J. Beal, M. D.

(Address) Republic Mo

RECEIVED

District Health Officer No. 6,

District File Number 640-1468

Date Filed JUN 11 1940

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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.....

P. O. Address.....

**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.**