

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

Do not use this space.  
**36451**

**1. PLACE OF DEATH**

68 County Monteau  
Towship Linn  
City (No. ....) St. .... Ward)

Registration District No. 594  
Primary Registration District No. 59729

File No. 1932  
Registered No. 19

**2. FULL NAME**

Charles Cecil Brizendine

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 or (or) WIFE of Mrs C. C. Brizendine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 1 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri

10. NAME OF FATHER W R Brizendine

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Eliza March

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs C. C. Brizendine  
(Address) Lopus Mo

15. FILED 11/10 30 Ellis C. Hanks REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9-1932

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on Never, 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Gun shot wound  
16'  
CONTRIBUTORY (SECONDARY) 16'  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF..... (b)  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS: Gun shot in head  
(Signed) H. R. Popey Coroner, M. D.  
11-9-1932 (Address) California Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Suicidal

19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt. Zion cem DATE OF BURIAL 11-10-1932

20. UNDERTAKER C. A. Hornbeck Prairie ADDRESS .....

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

