

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

Do not use this space.

**MAY 14 1936**

~~6894-A~~  
6123-a  
1936

**1. PLACE OF DEATH**

County Moniteau  
Township Fenn  
City (No. ....) St. .... Ward .....

Registration District No. 574B  
Primary Registration District No. 5772a

File No. ....  
Registered No. 12  
St. .... Ward .....

**2. FULL NAME** Clifford Eugene Brizendine

(a) Residence, No. .... St. .... Ward .....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) .....

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 9 25 .....

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, 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) Missouri

FATHER 13. NAME Newton Brizendine

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

MOTHER 15. MAIDEN NAME Amelia Berger

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

17. INFORMANT (ADDRESS) Newton Brizendine

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem. DATE 2-7-36

19. UNDERTAKER (ADDRESS) C. Albert Hornbeck

FILED Mar 31 1936 Ellis Drake Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-36

22. I HEREBY CERTIFY That I attended deceased from 1935 to 2-6-36

I last saw him alive on 2-6-35, 1935 Death is said to have occurred on the date stated above, at 4 P m.

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

Acute Glomerulonephritis (Date of onset Jan 1935)  
118  
Other contributory causes of importance: Jan 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 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? .....

If so, specify .....

Signed: A. L. Murphy M. D.

(Address) Franklin St. No. 110

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.

