

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.

AUG 16 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County Monteau Registration District No. 571  
Township California Primary Registration District No. 4335  
City California

File No. 25598  
Registered No. 87  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Herbert Lu Brizmedine  
(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 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 Bertha Brizmedine  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1911  
7. AGE YEARS 23 MONTHS 5 DAYS 9 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) near Luper, Mo.

FATHER 13. NAME Henry Brizmedine

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

MOTHER 15. MAIDEN NAME Agnes Borts

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

17. INFORMANT Frances Bridges  
(ADDRESS) 215 East Wood St. Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Zion Cemetery DATE 7-30-1934

19. UNDERTAKER J. W. Wilson & Son  
(ADDRESS) California, Mo.

20. FILED 7-30-1934 H. R. Poppejoy Registrar.

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-28-1934, 1934, to 7-29-1934, 1934

I last saw him alive on 7-29-1934. Death is said to have occurred on the date stated above, at 3 p. m.

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

Acute gangrenous appendicitis with general peritonitis  
Date of onset \_\_\_\_\_

Other contributory causes of importance  
12/1A 12/1A

Name of operation appendectomy Date of 7-28-34  
What test confirmed diagnosis? oper. 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 \_\_\_\_\_

(Signed) L. L. Latham, M. D.

(Address) California, Mo.

MAY 29 1947