

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.

OCT 24 1931

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

Do not use this space.

31910

File No. 1931

Registered No. 36

1. PLACE OF DEATH
 County Moniteau Registration District No. 574
 Township Linn Primary Registration District No. 5972A
 City (No. St. Ward)

2. FULL NAME Nancy Jane Brezindine
 (a) Residence, No. St. Ward. (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 Female 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 Joel O Brezindine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10th 1857

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | <u>74</u> | <u>-</u> | <u>23</u> | |

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. Housewife

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

13. NAME Isaac Epps

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Holly Martin

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Zion Cem DATE Sept 3 1931

19. UNDERTAKER (ADDRESS) Albert Hornbath

20. FILED Sept 7 1931 Ellis E. Hilde Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to 9-2 1931

I last saw her alive on 9-29 1921. Death is said to have occurred on the date stated above, at 3302 M

The principal cause of death and related causes of importance were as follows:
Stroke Valvular disease of Heart Date of onset

Other contributory causes of importance: 97. A 920

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 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?
 If so, specify (Signed) A. K. Meredith M. D.
 (Address) Pravie Home Wn

