

SEP 26 1930

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

Do not use this space.

27761

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Desloge (No. _____)

Registration District No. 779
Primary Registration District No. 60240

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Goldie Marie Brisley

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
—	—	1	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Thos Brisley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Flat River
(STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Eva Wilmont

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Flat River
(STATE OR COUNTRY) mo

14. INFORMANT. Thomas Brisley
(Address) Desloge Mo.

15. FILED 8-16-30 R. B. Bissett
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/14 1930 to 9/14 1930
that I last saw h.m. alive on 9/14 1930 and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

10 1/2 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) LOW
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF 2

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. T. Duckworth M. D.

8/15 1930 (Address) Desloge 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wallen Cemetery DATE OF BURIAL Aug. 16 1930

20. UNDERTAKER C. G. Boyer ADDRESS Desloge Mo

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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.

