DEC 18 1998

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

Do not use this space.

43985

1. PLACE OF DEATH
County Callaway
Township Cedar
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 109
Primary Registration District No. 5-18-8

File No. .....
Registered No. 609

2. FULL NAME Minnie Gibbs 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 30/1870

7. AGE: Years 66 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Virginia

FATHER
13. NAME Abner Brizendine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Julia Shadwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Edna Teel
(ADDRESS) Hatton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE California, Mo. DATE 12/4/1936, 19

19. UNDERTAKER Ray A. Holt
(ADDRESS) New Bloomfield, Mo.

20. FILED Dec 4 19 36 Ones Rush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1936, to Dec 2, 1936
I last saw h. alive on Dec 1, 1936 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Influenza	Nov 24-36

Other contributory causes of importance:
Pulmonary Heart Disease

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy ..... 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) Ones Rush, M. D.
(Address) New Bloomfield Mo

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.

100M-3-28-35