

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.

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

Do not use this space.

1. PLACE OF DEATH

County Marion

Township Five

City Union

Registration District No. 574

Primary Registration District No. 5772a

File No. 23610

Registered No. 1936

St. Mo.

Ward 26

2. FULL NAME

Eliza Jane Brizandine

(a) Residence, No. 1

St. Mo.

Ward 26

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Brizandine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 - 1884</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 7, 1936</u>	
11. Total time (years) spent in this occupation <u>10</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County, Missouri</u>		
FATHER	13. NAME <u>William Brizandine</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Sara March</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Minnie Childress, Garnett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Union Cemetery</u> DATE <u>June 7, 1936</u>		
19. UNDERTAKER <u>Charley Fullrich</u>		
20. FILED <u>June 5, 1936</u> <u>J. E. Raiter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 6 - 25 - 1936 to 6 - 25 - 1936.
I last saw her alive on 6 - 25 - 1936. Death is said to have occurred on the date stated above, at 10 P. M.
The principal cause of death and related causes of importance were as follows:
Chronic valvular disease of heart
Date of onset unknown

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19 36
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) A. H. Munk, M. D.
(Address) Prague House, Mo.

