

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.

2413

**1. PLACE OF DEATH**

County Monticau  
Township Linn  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 574  
Primary Registration District No. 3772 A

File No. 1933  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Philley Brizendine  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</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>Aliza Brizendine</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1854-Mar-30</u>		
7. AGE <u>78</u>	YEARS <u>10</u>	MONTHS <u>1</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u> (c) Name of employer <u>—</u>		924 97 11113

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

PARENTS	10. NAME OF FATHER <u>Abner Brizendine</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN). <u>unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Susan Brizendine</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN). <u>unknown</u> (STATE OR COUNTRY)

14. INFORMANT Miss Childress  
(Address) Lampas Mo.

15. FILED Jul 21, 1933 Ellis C. Raikes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1933

17. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Jan 21 1933.  
That I last saw him alive on Jan 20, 1933, and that death occurred, on the date stated above, at 12:40 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chr. End Carditis and Acute Hypostatic Pneumonia

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? At home (duration) unknown yrs. mos. ds.

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Ellis C. Raikes, M. D.

Jan 21, 1933 (Address) Uniontown, 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 DATE OF BURIAL

Uniontown Baptist Church Cemetery Jan 22 1933

20. UNDERTAKER ADDRESS

Charlie Fulbrich Uniontown Mo

