

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Smadar
City

Registration District No. 395
Primary Registration District No. 5551

File No. 32927
Registered No.
St. Ward

2. FULL NAME

(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.

William Q. Brizendine

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
90 11 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 16 1/2
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summer Bo Tenn

10. NAME OF FATHER John Brizendine

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Blount Mo

12. MAIDEN NAME OF MOTHER Alley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Mrs. Russell
(Address) Lebanon Valley Ave

15. FILED Dec 1, 1923 F. W. Suttard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1923

17. I HEREBY CERTIFY, That I attended deceased from July 6 1923 to Oct 24 1923
and I last saw alive on Oct 24 1923, and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Old age and weakness
Blind and deaf for over
one year (duration) yrs. mos. ds.
CONTRIBUTORY Weakness and debility that
(SECONDARY) was general (duration) 1 yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 164

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. B. Johnston, M. D.
19 (Address) Lebanon Valley, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lebanon Cemetery 11-8 1923

20. UNDERTAKER

W. H. Suttard ADDRESS

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.