

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

Do not use this space.

**1. PLACE OF DEATH**

County Callaway Registration District No. 1111  
Towship Liberty Primary Registration District No. 5160  
City Callaway (No. 1111) St. Callaway Ward 1

File No. 23764  
Registered No. 1111 St. Callaway Ward 1

**2. FULL NAME**

(a) Residence No. George N. Bratton St. Callaway Ward 1  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24th 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
71 | 8 | 5

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(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) Boone Co., Mo

10. NAME OF FATHER John W. Bratton

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

12. MAIDEN NAME OF MOTHER Maria Foresett

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

14. INFORMANT Zeno Bratton  
(Address) Centralia, Mo R#

15. FILE NO. 16/26, 1927 B. H. Stephens REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29th 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1927 to Aug 27, 1927 that I last saw him alive on Aug 27, 1927, and that death occurred, on the date stated above, at Callaway Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bright disease

18. WHERE WAS DISEASE CONTRACTED 131 Liberty yrs. mos. da.

CONTRIBUTORY (SECONDARY) 121 1/2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. U

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) B. H. Stephens, M. D.  
Aug 31, 1927 (Address) Centralia 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 Centralia Mo. Cem DATE OF BURIAL Aug 31 1927

20. UNDERTAKER M. J. McDonald ADDRESS Centralia Mo

WRITING INK---THIS IS A PERMANENT RECORD

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.

