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.

1926

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

Do not use this space.

33230

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2901 — Registered No. 704
City Springfield (No. 714 N. Prospect St. Ward)

2. FULL NAME Florence Evelyn Brayfield
(a) Residence. No. 714 N. Prospect 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 F. — 4. COLOR OR RACE Wh. — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 - 1920

7. AGE — YEARS 7 — MONTHS 10 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Rogersville
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER M. H. Brayfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Christian Co Mo.
12. MAIDEN NAME OF MOTHER Edith Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT M. H. Brayfield
(Address) Springfield Mo.

15. FILED 11/18 1927 O. C. Horst Mdr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/16 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-11, 1927, to 11-16, 1927 that I last saw her alive on Nov. 15, 1927, and that death occurred, on the date stated above, at 11 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 Diphtheria
10 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Toxemia
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Arthur D Kirabt, M. D
11-17, 1927 (Address) 500½ E. Cavil St

*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 East Lawn Cem — DATE OF BURIAL 11/16 1927

20. UNDERTAKER Elma Lohmeyer — ADDRESS 534 Stein