

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

Rames  
Do not use this space.  
**9754**

**1. PLACE OF DEATH**

County Macon Registration District No. 533 File No. ....  
Township ..... Primary Registration District No. 3027 Registered No. 30  
City Macon (No. ....) St. .... Ward)

**2. FULL NAME** Salie Brammer

(a) Residence No. .... St. .... Ward. .... (If nonresident give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

2. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 - 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I day, .... hrs. or .... min.
	<u>88</u>	<u>6</u>	<u>18</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer Francis Spang

9. BIRTHPLACE (CITY OR TOWN) Washington  
(STATE OR COUNTRY) Mississippi

10. NAME OF FATHER Rushie Lunsford

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

12. MAIDEN NAME OF MOTHER Faney Sparr

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

14. INFORMANT Salie Brammer  
(Address) Macon

15. FILED 3/30, 1928 Mrs Luke Hunkler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 18 1928 to Mar 20 1928 that I last saw h. 2 alive on Mar 20 1928 and that death occurred, on the date stated above, at 6:30 P.M. m. 111

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Prostrated by heart  
and age  
(duration) yrs. mos. ds. 0; 0; 162

CONTRIBUTORY (SECONDARY) None

18. WHERE WAS DISEASE CONTRACTED H/B

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. M. Rives, M. D.

3/31, 1928 (Address) Macon

\*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

Woodlawn Mar 22 1928

20. UNDERTAKER ADDRESS

Albert Skinner Macon

K. 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.

1928

