

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

Do not use this space.

13570

1905

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kear Primary Registration District No.
City Kansas City (No. Kansas City General Hosp) (Ward)

File No.
Registered No.

2. FULL NAME

Bramlage, Henry
(a) Residence No. 1403 West St., 26 Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 22 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-28-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 | 1 | 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(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) Ohio

10. NAME OF FATHER Wm. Bramlage

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

12. MAIDEN NAME OF MOTHER Ely. Fandman

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

14. INFORMANT Reverend Clerk (Address) K.C. General Hosp

15. FILED 4/28/28 M M Erwin REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-25 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-9, 1928, to 4-25, 1928 that I last saw him alive on 4-25, 1928, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency

CONTRIBUTORY Arterio Sclerosis and Chronic Nephritis (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1290 IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Elbe Findings (Signed) P. E. Williams, M. D. 4-25, 1928 (Address) Supt K.C. Genl Hosp

*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 Cincinnati Ohio DATE OF BURIAL 4-28 1928

20. UNDERTAKER B V West ADDRESS 1915 E 15

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.

