

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

17749
2

1. PLACE OF DEATH
 County..... McDonald Registration District No. 1149
 Township..... Center Primary Registration District No. 5657
 City..... No. St. Ward

2. FULL NAME Jacob J. Bralhin
 (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.

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 Effie May Bralhin
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1876
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 | 11 | 14 |
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work farming
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Chicago
 (STATE OR COUNTRY) Ill.
 10. NAME OF FATHER Peter Bralhin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) PA.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sarah Schraugh
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

14. INFORMANT Benson Molder
 (Address) Powell Mo.
 15. FILED 7/15/28 1928 Lee O'Connell
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1928, to May 14, 1928
 that I last saw alive on Apr 3, 1928, and that death occurred, on the date stated above, at 3 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcema of Chub.

45E

CONTRIBUTORY (SECONDARY) 43
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 1 DID AN OPERATION PRECEDE DEATH. no. DATE OF Feb 5 - 1928
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed R. F. Christian, M. D.
 , 19 (Address) Diamond 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 Union Cemetery DATE OF BURIAL August 19 28
 20. UNDERTAKER Lee O'Connell 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.

