

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

Do not use this space.

18158

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
 Township Moberly Primary Registration District No. 3034 Registered No. _____
 City _____ (No. McComick Hospital 115 _____ 1st Ward)

2. FULL NAME

(a) Residence. No. 417 1/2 W Reed St. 4th Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25th 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
23 8 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (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) Ill

10. NAME OF FATHER Martin Braun

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

12. MAIDEN NAME OF MOTHER Catherine Kunderlich

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

14. INFORMANT A Braun (Address) Moberly Mo

15. FILED 5/30 1928 Dr. S. J. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/30 1928

17. I HEREBY CERTIFY, That I attended deceased from _____
April 25th 1928, to May 20, 1928
 that I last saw her alive on May 20, 1928, and that death occurred, on the date stated above, at 6:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

peritonitis
128 (duration) _____ yrs. 1 mos. 20 da.
 CONTRIBUTORY Ruptured Left lung tube
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 12-28
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. L. McCormick, M. D.
5-30, 1928 (Address) Moberly Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granville Ill. DATE OF BURIAL June 2nd 1928

20. UNDERTAKER Mahon and Son ADDRESS Moberly Mo

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.

