SEP 24 1929

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

Do not use this space.

26425

1. PLACE OF DEATH
County Boone
Township Columbia
City Columbia (No. ..... St. ..... Ward)
Registration District No. 73
Primary Registration District No. 3000
File No. 162
Registered No. .....

2. FULL NAME Hazel Louise Brammer
(a) Residence. No. 106 Machir St., 1 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 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) July 27-1926
7. AGE Years 2 Months 1 Days 0 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None - at home
(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) South Dakota
PARENTS
10. NAME OF FATHER William Brammer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Macon E. Mo.
12. MAIDEN NAME OF MOTHER Lennie Irene Bravore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Higbee, Mo.
14. INFORMANT Lennie Irene Brammer (Address) Columbia Mo.
15. FILED 8.28, 1928 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~July~~ Aug. 27 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 18th, 1928, to Aug 26, 1928 that I last saw her alive on 8-26-28, 1928, and that death occurred, on the date stated above, at 245 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchial Pneumonia
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Whooping Cough
(duration) yrs. 1 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) W. A. Norris, M.D.
8/27, 1928 (Address) Columbia 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 Macon, Mo.
DATE OF BURIAL Aug 28 1928
20. UNDERTAKER W. H. Vandeventer
ADDRESS Columbia 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.