

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

Do not use this space.

**1. PLACE OF DEATH**

County Licking  
Township John  
City Utica (No. .... St. .... Ward)

Registration District No. 512  
Primary Registration District No. 5652

File No. 27843  
Registered No. 16

**2. FULL NAME** Robert F. Braden

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs R. E. Braden

17. I HEREBY CERTIFY, That I attended deceased from June 28 1926 to Aug 17 1928 (that I last saw him alive on Aug 15 1928, and that death occurred, on the date stated above, at 3:45 A.M.)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 - 1867

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral arterio-sclerosis

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
61 10

CONTRIBUTORY (SECONDARY) Unknown (duration) 2 yrs. 6 mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH. N.S. DATE OF. WAS THERE AN AUTOPSY? N.D. WHAT TEST CONFIRMED DIAGNOSIS? Chinoid (Signed) G.W. Carpenter, M.D.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Andrew Jackson Braden

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

12. MAIDEN NAME OF MOTHER Feriba Jane Campbell (Address) Aug 19 1928

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

14. INFORMANT Mrs R. F. Braden (Address) Utica, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stone Cemetery Utica, Mo. DATE OF BURIAL 8-18 1928

15. FILED Aug 14 1928 Anna L. Carpenter REGISTRAR

20. UNDERTAKER F. B. Norman Chillicothe 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.

6 1928

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