JAN 23 1929

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

Do not use this space.

40150

1. PLACE OF DEATH

County Franklin — Registration District No. 297

Township St. Johns — Primary Registration District No. 5414

City Near Washington (No. ..... St. ..... Ward)

File No. .....

Registered No. 96

2. FULL NAME Lorenzo, Thomas Bramel

(a) Residence. No. 71 - 7 Months 3 Days St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 3 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May - 1857

7. AGE: Years 71 — Months 7 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

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): Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Johns Twp
(STATE OR COUNTRY): Franklin Co Mo

PARENTS

10. NAME OF FATHER: William Tarleton Bramel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia U S A
12. MAIDEN NAME OF MOTHER: Margeret Phillips
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis County Mo

14. INFORMANT: Mr Martin Bramel
(Address) RFD 1 Washington Mo

15. FILED Dec 11 1928 O. L. Wrench
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1928, to Dec. 9, 1928, that I last saw him alive on Dec. 8, 1928, and that death occurred, on the date stated above, at 9 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A
107A
11A
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Bronchial Pneumonia
(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Maupin, M. D
, 19 (Address) Washington 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: Newport Cemetery
DATE OF BURIAL: Dec 11th 1928 19

20. UNDERTAKER: Otto & Co Washington Mo
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.