

THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan Registration District No. 81
Township Bloomington Primary Registration District No. 5777
City (No. 4 Miles S.W. DeKalb, Mo.) St. Mo. Ward

File No.
Registered No. 1

2. FULL NAME Sarah A. Bramley,

(a) Residence. No. 2 Miles S.W. DeKalb, Mo St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 24 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) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah H. Bramley,
Sam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 24

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

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Amos Horn,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

12. MAIDEN NAME OF MOTHER Elizabeth Ellison,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT C. H. Bramley
(Address) DeKalb, Missouri.

15. FILED 1/21/29 J. H. M. Adams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 20, 1929,
that I last saw her alive on Jan 18, 1929, and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease

90W (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) J. H. M. Adams M. D.
(Address) DeKalb 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 Sugar Creek Cemetery DATE OF BURIAL Jan. 21, 1929

20. UNDERTAKER Heaton & Gole Bowman ADDRESS St. Joseph, Mo.

W. J. H. Foster Funeral Home

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