23 1929

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

Do not use this space.

9630

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 2416 Patee St. St. Ward)

File No.

Registered No. 335

2. FULL NAME Evelyn Bratcher

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 6, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	45	4	4	

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

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Severance, Kansas

2

PARENTS

10. NAME OF FATHER Charles Baldwin

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

1

12. MAIDEN NAME OF MOTHER Fannie Sawyer

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

1

14. INFORMANT Orestes Bratcher
(Address) 2416 Patee St.

15. FILED MAR 11 1929, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 10, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to March 10, 1929, that I last saw her alive on March 10, 1929, and that death occurred, on the date stated above, at 4.50 A.M. 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of the Heart

92A

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90W

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gordon D. Wright, M. D.

3/11/, 1929 (Address) 845 So. 19th St. Jos. 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 Memorial Park Cemetery — DATE OF BURIAL Mar, 12, 1929

20. UNDERTAKER Walter Meierhoffer — ADDRESS 1302 Faraon St.