

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

Do not use this space.

1. PLACE OF DEATH

County Shannon
Township Springfield
City Springfield (No.)

Registration District No. 1077
Primary Registration District No. 6098

File No. 20426-A
Registered No. 8
St. Ward)

2. FULL NAME

Delbert avra Brawley

(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

3. SEX M 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) Feb 9 - 29

7. AGE YEARS MONTHS DAYS If LESS than 1 day/2 hrs. or min.
2 26

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sumner Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER W. T. Brawley

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

12. MAIDEN NAME OF MOTHER Nancy Berger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin Co Mo
(STATE OR COUNTRY)

14. INFORMANT W. T. Brawley
(Address) Sumner Mo

15. FILED 8-1-1929 L. H. Wallen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1 - 1929, to May 5 - 1929, and that I last saw him alive on May 3 - 1929, and that death occurred, on the date stated above, at 12:00 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart failure from uric acid
153131
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. H. Wallen, M. D.
, 19 (Address)

*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 DATE OF BURIAL

Flat Rock Cemetery May 6 - 1929

20. UNDERTAKER ADDRESS

George Cooper Sumner 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.

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