WRITE PLAINLY, WITH UNFADING INK---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.

48 JUL 25 1929 9 8 262 2 2 2

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

Do not use this space.

21355

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 220
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Rosa Mason Bramham
(a) Residence. No. 906 So Main St., 3rd Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. 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 Jas. Goss Bramham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 2. 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stafford Co. Va

PARENTS
10. NAME OF FATHER George Mason Cooke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Stafford Co. Va.
12. MAIDEN NAME OF MOTHER Ann Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs L. A. Berry
(Address) 906 So Main Indep. Mo

15. FILED 6-5, 1929 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from About 19 twenty years that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

162 Senility
Went to bed well
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Found dead in morning
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 205B
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Calvin Atkins, M. D
6-5, 1929 (Address) Independence 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: Hopkinsville Ky
DATE OF BURIAL: June 8 1929

20. UNDERTAKER: Ott & Mitchell
ADDRESS: Ind Mo