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

Do not use this space.

26748-a

File No. .....

Registered No. 42

1. PLACE OF DEATH

County: Stoddard

Township: Elk

City: ..... (No. ..... St. ..... Ward)

Registration District No. 839

Primary Registration District No. 6100

2. FULL NAME: Kenneth Braird

(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 ..... yrs. ..... mos. ..... 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): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1927-7-28

7. AGE: Years 1 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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): Stoddard Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Ralph Braird

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

12. MAIDEN NAME OF MOTHER: Ruedas Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bernie Mo
(STATE OR COUNTRY)

14. INFORMANT: Jas Murphy
(Address): Bernie Mo

15. FILED 10/17 1929 J P Brooden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/19 1929

17. I HEREBY CERTIFY, That I attended deceased from 7/16, 1929, to 7/19, 1929, that I last saw him alive on 7/18, 1929, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Entero Colitis

1142

1168

(duration) yrs. 1 mos. 10 ds. 21

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. 1 mos. 11 ds. 21

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF ..... Kenneth Braird

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) W. H. Yoder, M. D.

, 19 (Address) Bernie 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: Bernie

DATE OF BURIAL: 7 an 20 1929

20. UNDERTAKER: D Brown

ADDRESS: Bernie Mo

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.

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