Comm

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

Do not use this space.

26840

1. PLACE OF DEATH
County ADAIR — Registration District No. 4 — File No. 128
Township — Primary Registration District No. 3001 — Registered No. 129
City KIRKSVILLE MO (No. 915 EAST PATTERSON ST St. Ward)

2. FULL NAME CHAS BRAWNER,
(a) Residence. No. 915 EAST PATTERSON ST 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. 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MINNIE BRAWNER

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~XXXXXXX~~ JAN 28 1863

7. AGE: ~~75~~ 66 YEARS; MONTHS 6; DAYS ~~14~~ 13; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER, RET
(b) General nature of industry, business, or establishment in which employed (or employer) STOCK & GRAIN
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD ILL,

PARENTS
10. NAME OF FATHER J S BRAWNER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ILL,
12. MAIDEN NAME OF MOTHER NANCIE OGARDY
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) IRLAND

14. INFORMANT Agnes Brawner (Address) KIRKSVILLE MO,

15. FILED 8/13, 1929 C H Becker D REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1929

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1925, to Aug 1d, 1925 that I last saw him alive on Aug 9, 1925, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
General years
92A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) devout know
(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? Physical
(Signed) L J Conner, M. D
, 19 (Address) Kirksville 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 Maple HILL, CEMETERY — DATE OF BURIAL 8/13 1929

20. UNDERTAKER Ans & Schoor — ADDRESS Kirksville

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.

1929-8-11 41
1863-1-28 28
13
66-6-13