

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

Do not use this space.

32792

**1. PLACE OF DEATH**

County Linn  
Towship W  
City Waverly (No. ....)

Registration District No. 875  
Primary Registration District No. 6162

File No. ....  
Registered No. 234  
St. .... Ward)

**2. FULL NAME**

James Butler Brazel  
(a) Residence No. State Hospital #3 St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 15 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 Elizabeth A. Marris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 | 08 | 04 | 04

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farming (gen.)  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Ky. D.R.  
(STATE OR COUNTRY)

10. NAME OF FATHER Chas. Brazel

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

12. MAIDEN NAME OF MOTHER Mertta Woodall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky. D.R.  
(STATE OR COUNTRY)

14. INFORMANT Mr. E. A. Brazel  
(Address) Springfield Mo.

15. FILED 10/31/29 E. P. King  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1929

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1926, to Sept 3, 1929 that I last saw him alive on Sept 3, 1929; and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arteriosclerosis  
108  
97  
(duration) 7 yrs. .... mos. .... ds.

CONTRIBUTORY lobar pneumonia  
(SECONDARY) (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTACTED 10/10  
IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) J. T. O'Dell, M. D.  
Sept 4 1929 (Address) Nevada, 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 Springfield Mo. DATE OF BURIAL 9-6 1929

20. UNDERTAKER John C. Myers ADDRESS Nevada, Mo.

