

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

Do not use this space.

*Dr. Green*  
34628

**1. PLACE OF DEATH**

County Peru Registration District No. 651  
 Township Peru Primary Registration District No. 5863  
 City State (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 130  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Marian Braxton  
 (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. 8 mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 5 18

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) micola  
 (STATE OR COUNTRY) MO

10. NAME OF FATHER T. B. Braxton

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

12. MAIDEN NAME OF MOTHER Willie Ross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carroll  
 (STATE OR COUNTRY) Tenn

14. INFORMANT T. B. Braxton  
 (Address) St. Louis

15. FILED Oct 8 29 Eda Martin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-3 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-3, 1929, at 10-3, 1929, and that I last saw her alive on Oct 2, 1929, and that death occurred, on the date stated above, at 5:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar pneumonia

CONTRIBUTORY (SECONDARY) Whooping Cough  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED  
 IS NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Examination  
 (Signed) W. H. Green, M. D.

Oct 9, 1929 (Address) St. Louis

\*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 St. Mathis Cem DATE OF BURIAL 10-3 1929

20. UNDERTAKER German and Co ADDRESS St. Louis

WHITE LINEN, WITH FADING 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.

