

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

Do not use this space.

5243

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kear Primary Registration District No. _____ Registered No. 4011
 City Kansas (No. Kansas City Gen. Hosp.) St. _____ Ward _____

2. FULL NAME

Jewell Fern Braden
 (a) Residence. No. 403 N. Liberty Independence 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27 1930

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

17. I HEREBY CERTIFY, That I attended deceased from 2-22 1930 to 2-27 1930 that I last saw her alive on 2-27 1930 and that death occurred, on the date stated above, at 2:15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29 1919

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min.
10 1 28

Epidemic cerebral spinal meningitis

8. OCCUPATION OF DECEASED

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

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? Clin. & Lab. Findings
 (Signed) P. E. Williams, M. D.
2-27, 1930 (Address) Supt. K.C. Gen. Hosp.

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Herbert Braden

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

12. MAIDEN NAME OF MOTHER Miss Wilson

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

14. INFORMANT Ronald Clark
 (Address) Kansas City Gen. Hosp.

15. FILED 2/27 30 M. M. Crowe
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Graymer Mo DATE OF BURIAL 2/28 1930

20. UNDERTAKER O'Neil ADDRESS 1915 East 15th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

