MAR 18 1930

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

Do not use this space.

5588

1. PLACE OF DEATH
County Livingston — Registration District No. 496
Township — Primary Registration District No. 3025
City Brookfield No. 820 Linn St. 2 Ward)

File No.
Registered No. 17

2. FULL NAME James C. Bragg
(a) Residence. No. 820 Linn St. 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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~~ Sadie Garrett Bragg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5th 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	10	20	

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

9. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER J. Benjamin Bragg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Muhlenburg (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Catherine Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. James C. Bragg
(Address) Brookfield Mo

15. FILED 2-26 1930 Bessie M. Fox
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-30, 1930, to 2-25, 1930 that I last saw him alive on 2-25, 1930, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Age
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY)
(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? Clinical.
(Signed) C. E. Jenkins M. D.
, 19 (Address) Brookfield 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: La Plata Macon County Mo.
DATE OF BURIAL: Feby 26 1930
20. UNDERTAKER: M. G. Rick
ADDRESS: Brookfield Mo