

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

Do not use this space.

15104-a

15104 a  
46

1. PLACE OF DEATH

County Janey Registration District No. 559  
Township Braunson Primary Registration District No. 6128  
City Braunson (No.         ) St.          (Word)

2. FULL NAME

Robert Lee Braunson

(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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Hankins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Christen Braunson

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

14. INFORMANT Mrs. Sam Braunson  
(Address) Braunson

15. FILED 4/22 1930 Pa Thornhill  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/21 1930

17. I HEREBY CERTIFY, That I attended deceased from          19        , to          19        , that I last saw h.          alive on          19        , and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mild Developmental  
158 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH         

8 DID AN OPERATION PRECEDE DEATH DATE OF         

WAS THERE AN AUTOPSY         

WHAT TEST CONFIRMED DIAGNOSIS           
(Signed) Pa Thornhill M.D.  
, 19          (Address) X Copeland

\*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 DATE OF BURIAL  
Braunson Cemetery 4/21 1930

20. UNDERTAKER ADDRESS  
none

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

