

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

Do not use this space.

20120

1. PLACE OF DEATH

County Morgan
Towship Buffalo
City (No.)

Registration District No. 598
Primary Registration District No. 599H

File No.
Registered No. 22
St. Ward

2. FULL NAME

Jesse C Braden
(a) Residence No. Zora 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 | 1 | 29

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John H Braden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Morgan Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha J Braden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fulton Co Mo
(STATE OR COUNTRY)

14. INFORMANT Marion Braden
(Address) Zora Mo

15. FILED 6/30 1930 H. N. Lutman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1930

17. I HEREBY CERTIFY that I attended deceased from June 29 to June 29 1930 that I last saw him alive on June 29 1930, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis -
Lungs, Hip, Proct
etc 23A
27B (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Army life
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Army
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray, etc.
(Signed) Chas A. West M. D.
June 30, 1930 (Address) Storer 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 Storer Mo
DATE OF BURIAL July 1 1930

20. UNDERTAKER C. R. Rapp
ADDRESS Storer Mo

K. 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.

WRITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 23 1930

