NOV 21 1930

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

Do not use this space.

32182

File No. 1164

Registered No.

85

Registration District No.

Primary Registration District No. 1001

1. PLACE OF DEATH

County: Buchanan

Township:

City: St. Joseph, (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME Charles William Braun

(a) Residence. No. 415½ Main St. 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1873

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Painter & Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Thompson Paint Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

PARENTS

10. NAME OF FATHER: Geo. W. Braun

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

12. MAIDEN NAME OF MOTHER: Katherine Praff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

14. INFORMANT: Edw. J. Braun
(Address): 415½ Main St.

15. FILED OCT 27 1930 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 24, 1930 19

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ Viewed on Oct 24, 1930, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 11.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Skull at 415½ Main. due to Intoxication Fell on side walk (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exposure and Intoxication (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Main & Jule Sts.

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Talbott Coroner M. D.

10/25/1930 (Address) 821 Francis

*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: Ashland Cemetery

DATE OF BURIAL: Oct, 27, 1930

20. UNDERTAKER: Walter McCullough 1302

ADDRESS: Faraon St.

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.