

DEC 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County *Buchanan*

Registration District No. *85*

Township

Primary Registration District No. *1001*

City

St. Joseph, Mo. Hoop Hospital

File No. *35410*
Registered No. *1232*
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode)

Braymer Mo
(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

Fe

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

F. R. Leonard

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

Apr. 2, 1896

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

34

7

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(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)

Joplin Mo

10. NAME OF FATHER

C. O. Moats

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

Lagberville Mo

12. MAIDEN NAME OF MOTHER

Elizabeth Troutman

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

Unknown Texas

14. INFORMANT (Address)

F. R. Leonard Braymer, Mo.

15. FILED

NOV 13 1930

John G. Giff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 13 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 12*, 1930, to *Nov 13*, 1930, that I last saw him alive on *Nov 13*, 1930, and that death occurred, on the date stated above, at *11:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labar Pneumonia

CONTRIBUTORY *Uremic Poisoning* (SECONDARY)

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

(Signed) *Chas. E. Berg*, M. D.

11-13, 1930 (Address) *St. Joseph 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

DATE OF BURIAL

Joplin, Mo, Fairview Cem.

11-15 1930

20. UNDERTAKER

ADDRESS

B. F. Mead

Braymer, Mo

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.

10/10 - 4 - 2

34 - 7 - 11