

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

Do not use this space

36906

PLACE OF DEATH

County New Madrid Co
Township Come
City None

Registration District No. 605
Primary Registration District No. 5804

File No.
Registered No.
St. Ward)

2. FULL NAME

Herbert Eugene Bratcher

(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 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) Oct. 13, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Catron, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Dennie Bratcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Viola Blair
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Father (Dennie Bratcher)
(Address)

15. FILED Nov 20 19 30 Mrs C.S. Blackman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1930, to Nov. 18 1930, that I last saw him alive on Nov 18 1930, and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngeal diphtheria
10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo. Husted M. D.
, 19 (Address) Parma

*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 Parma Mo DATE OF BURIAL Nov 19 1930

20. UNDERTAKER None ADDRESS 2

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.

