

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

Do not use this space.

363

PLACE OF DEATH

County Calderwell
Township Warrior
City Bragman, Mo. (No.)

Registration District No. 93
Primary Registration District No. 4055

File No.
Registered No. 6
St. Ward

2. FULL NAME

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

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1848

7. AGE YEARS 82 MONTHS 11 DAYS 5 IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 19, 1930 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Pennsylvania

13. NAME John C. Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Catherine Frazier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Robert Craig (ADDRESS) Bragman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Avergreen Cem. DATE 2-1-1931

19. UNDERTAKER D. F. Mead (ADDRESS) Bragman, Mo.

20. FILED Jan 31 1931 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1931

22. I HEREBY CERTIFY That I attended deceased from Dec. 19, 1930, to Jan. 30, 1931.
I last saw her alive on Jan. 30, 1931. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia secondary to influenza
11A 109A
Other contributory causes of importance:
Senescent arteriosclerosis

Date of onset Dec. 19-30

Name of operation none Date of operation
What test confirmed diagnosis? clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 1931

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify
(Signed) G. S. Dowell, M. D.
(Address) Bragman, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 18 1931

1931

1931-1-18
1848-2-28
1848-2-28