

X. 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.

81
1
6

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

Do not use this space.

2412

1. PLACE OF DEATH

County Phelps Registration District No. 676
Township Arbuckle Primary Registration District No. 4402
City Newburg (No. St. Ward)

File No.
Registered No. 6

2. FULL NAME

Occie B. Braumel
(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie A. Braumel</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 9 - 1896</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>5</u>	<u>17</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (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) <u>Johnson Co. Mo</u>				
PARENTS	10. NAME OF FATHER <u>Daniel H. Braumel</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	12. MAIDEN NAME OF MOTHER <u>Do Not Know</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
14. INFORMANT <u>Maggie A. Braumel</u> (Address)				
15. FILED <u>1/26, 1931</u> <u>BT Smith</u> REGISTRAR				

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Jan 25 1931</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>Sept - 12</u> , 19 <u>31</u> , to <u>Jan 25</u> , 19 <u>31</u> that I last saw him alive on <u>Jan 24</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at _____ m. THE CAUSE OF DEATH* WAS AS FOLLOWS <u>Acute dilatation of heart</u> <u>121</u> <u>955</u> <u>102</u> (duration) yrs. mos. ds. CONTRIBUTORY <u>Chronic nephritis + Hypertension</u> (SECONDARY) (duration) yrs. mos. ds. 18. WHERE WAS DISEASE CONTRACTED <u>121</u> IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF _____ WAS THERE AN AUTOPSY? <u>No</u> WHAT TEST CONFIRMED DIAGNOSIS <u>Laboratory</u> (Signed) <u>R. B. Brewer</u> , M. D. <u>1/26 1931</u> (Address) <u>Newburg Mo</u> *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 <u>Newburg</u>	DATE OF BURIAL <u>1/26 1931</u>
20. UNDERTAKER <u>Red Johnson</u>	ADDRESS <u>Newburg Mo</u>

23 1/2

Sym

23

- 1867