

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

Do not use this space.

6251

1. PLACE OF DEATH

County M. S. Donald
Township Richwood
City (No.)

Registration District No. 1167
Primary Registration District No. 0699

File No.
Registered No. 9
St. Ward)

2. FULL NAME

Hershel Warren Brattin

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6 7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

FATHER

13. NAME J. W. Brattin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Epeter Mo.

MOTHER

15. MAIDEN NAME G. Goetz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocky Comfort

17. INFORMANT J. W. Brattin (ADDRESS) R. Comfort

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE Feb 10 1931

19. UNDERTAKER Belkas Funeral Home (ADDRESS) Whalon Mo

20. FILED Mar 1 1931 E. Edmondson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1931, to Feb 9 1931

I last saw him alive on Feb 9 1931 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Influenza

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. M. Dabbs M. D.

(Address) Rocky Comfort

N. B.—Every item on this certificate is very important. APR 24 1931

