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

Do not use this space.

9414

File No. .....

Registered No. 13

36

1. PLACE OF DEATH
County Franklin
Township Owaine
City ..... No. ..... St. ..... Ward)
Registration District No. 294
Primary Registration District No. V-409-B

2. FULL NAME Willard Allen Brackett

(a) Residence, No. St. Elsie R #2 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

APR 21 1931

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.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-1863

7. AGE: YEARS 67 | MONTHS 3 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. r
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 4/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockford Ills.

FATHER
13. NAME T. Brackett.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Elizabeth Burdon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

17. INFORMANT Lillian Brackett.
(ADDRESS) St. Elsie R #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rosemeier DATE 3/4 31

19. UNDERTAKER Cosper
(ADDRESS) St. Elsie Mo.

20. FILED 3/4 1931 W. E. Kilchee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1930 to 3/2 1931
I last saw him alive on 3/1 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:

	Date of onset
Cancer of Stomach.	2 yrs
Hob	
Other contributory causes of importance:	

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
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? No
If so, specify .....
(Signed) W. E. Kilchee, M. D.
(Address) St. Elsie Mo.