

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

Do not use this space.

13923

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 5400 3018
City Clinton (No. Hospital, West Ohio)

File No. _____
Registered No. 50
St. 3rd Ward

2. FULL NAME George W. Brambell

(a) Residence, No. R. FD St. _____ Ward. _____
(Usual place of abode)
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 Caucasian 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Franklin County / Missouri

13. NAME George W. Brambell Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Loiza Cole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Alf Brambell / Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Stones Chapel DATE 4-11-1931

19. UNDERTAKER (ADDRESS) W. H. SIMS / Clinton, Missouri

20. FILED 4/11 1931 Ed C. Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1931, to April 10, 1931.
I last saw him alive on April 10, 1931. Death is said to have occurred on the date stated above, at 12-10 m.

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

Pneumia
General in character

Other contributory causes of importance:

Cerebral softening

Name of operation Autopsy Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. 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. J. Stephens, M. D.
(Address) Clinton Mo

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. MAY 23 1931

WRITE PLAINLY, WITH GRAPING INSTRUMENTS IS A PERMANENT RECORD

Chart of Income of

Income

10

Income

Income

Income

Income