

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

Do not use this space.

21976

1. PLACE OF DEATH

County Lawrence
Township Mt Vernon
City (No.)

Registration District No. 470
Primary Registration District No. 5633

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

Lewis R. Braker

(a) Residence, No. Laura R. Br. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 2 4

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

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) Lawrence Mo

13. NAME L. R. Craker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Mo

15. MAIDEN NAME Ora Cline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura Mo

17. INFORMANT (ADDRESS) L. R. Craker Laura Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 6/90

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo

20. FILED July 10, 1931 W. D. Fulton Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

He came to his death by gunshot wound fired in self defense by sheriff A. N. Hensley

Date of onset

Other contributory causes of importance

173/173

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury June 9, 1931

Where did injury occur? 6 M. No. of Aurora (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public place shot gun wound in head

Nature of injury _____

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

If so, specify _____

(Signed) D. K. Patton Coroner

(Address) Aurora Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PERSONAL AND OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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