

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

Do not use this space.

25595

1. PLACE OF DEATH

County Macon
Township Chariton
City (No. _____) _____

Registration District No. 529
Primary Registration District No. 5705

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

2. FULL NAME Rebecca Braummer

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1847

7. AGE YEARS 83 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Macon Co Mo

13. NAME Wm Peterson

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

15. MAIDEN NAME Martha Dameron

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

17. INFORMANT (ADDRESS) Rufus Braummer
R. P. Macon

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE July 15 1931

19. UNDERTAKER (ADDRESS) Albert S. Kuhn
macon mo

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1931

22. I HEREBY CERTIFY that I attended deceased from July 10 1931 to July 13 1931

I last saw him alive on July 14 1931 Death is said to have occurred on the date stated above, at 10:45 P m.

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

Remains removed
TIA

Other contributory causes of importance: TIA

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? _____ 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? _____

If so, specify _____

(Signed) R. P. Macon, M. D.

(Address) Macon Mo

Every item of information should be accurately supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. AUG 28 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon
Township Chariton
City (No. _____) _____ (St. _____ Ward _____)

Registration District No. 529
Primary Registration District No. 5703-

File No. _____
Registered No. _____

2. FULL NAME

Rebecca Brammer
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931 to July 13, 1931
I last saw her alive on July 10, 1931 Death is said to have occurred on the date stated above, at 10:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1847

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

7. AGE YEARS 83 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

Periparturient Anemia Date of onset _____

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Macon Mo (STATE OR COUNTRY)

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

13. NAME Wm Peterson

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.

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

Manner of injury _____
Nature of injury _____

15. MAIDEN NAME Martha Peterson

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

17. INFORMANT Pepus Brammer (ADDRESS) R.R. Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE July 15, 1931

19. UNDERTAKER Albert Skinner (ADDRESS) Macon Mo

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. M. Raines, M. D.
(Address) Macon Mo

20. FILED Sept 11, 1931 at L. Schipper M.D. Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE

Exact statement of OCCUPATION is very important. If in plain terms, so that it may be properly classified.

5-25596