

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

Do not use this space.

30467

1. PLACE OF BIRTH

County Barry

Registration District No. 30

Township

Primary Registration District No. 3003

City Monett (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. W front 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 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 John Brafford 5 March 17 - 1900

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not obtainable

7. AGE YEARS 31 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hall Comm. Co
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) Monett, Missouri

13. NAME Newton Brafford

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

15. MAIDEN NAME Mary Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

17. INFORMANT (ADDRESS) Kenyon Wink Brafford Monett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakdale DATE 9-12-1931

19. UNDERTAKER (ADDRESS) Callaway's Monett Mo

20. FILED 9-12-1931 W. M. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 9, 1931
I last saw him alive on 9-11-1931. Death is said to have occurred on the date stated above, at 7:30 P.m.

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

Angina Pectoris Date of onset 1931
948
950

Other contributory causes of importance: Chronic myocarditis 1929

Name of operator [Signature] Date of _____
What test confirmed diagnosis? Physic + history Was there an autopsy? No

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) Ernest Mitchell, M. D.
(Address) Monett Mo

OCT 22 1931

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