

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

Do not use this space.

**34396**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 711)

Registration District No. 399  
Primary Registration District No. 1002

File No. 4110  
Registered No. 4110  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 711 Ward St. and Ward.

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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Brammer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1<sup>st</sup> 1871</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>4</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg Mo</u>		
MOTHER / FATHER	13. NAME <u>Wm H. Brammer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg Mo</u>	
	15. MAIDEN NAME <u>Sarah F. Cooper</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrensburg Mo</u>		
17. INFORMANT (ADDRESS) <u>Widow</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Warrensburg Mo 10/10 1931</u>		
19. UNDERTAKER (ADDRESS) <u>John B. Loftis</u>		
20. FILED <u>10/9 1931</u> m. m. <u>Crowe</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1931, to Oct 8 1931  
I last saw him alive on Oct 7 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Nephritic Ch Interstitial Date of onset 6-1-31

Other contributory causes of importance:  
Auricular fibrillation 1929

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemist 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? W  
If so, specify \_\_\_\_\_  
(Signed) W. F. Leuberton, M. D.  
(Address) 505 Professional Bldg

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

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.

