

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

Do not use this space.

19527

2333

1. PLACE OF DEATH

County Jackson Registration District No. 888
Township Raw Primary Registration District No. 008
City N. E. 11. (No. Trinity Lutheran Hospital) St. _____ Ward _____

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

2. FULL NAME

(a) Residence, No. Lexington Mo. St. Lexington Mo. 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 <u>Fe.</u>	4. COLOR OR RACE <u>Wh</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>David Steel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>17</u>	MONTHS _____
	DAYS _____	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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. <u>none 2-5</u>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo - 1</u>	
	13. NAME <u>Wm Bramlet</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>no record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record 21</u>	
17. INFORMANT (ADDRESS) <u>David Steel Lexington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington Mo</u> DATE <u>June-12</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs C R Foster 718 Brooklyn</u>		
20. FILED <u>6/11</u> 19 <u>32</u> <u>M. M. Crow</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1932

22. I HEREBY CERTIFY That I attended deceased from June 6 1932 to June 11 1932
I last saw h. aw. alive on June 10 1932 Death is said to have occurred on the date stated above, at 7:10 A.M.

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

Toxemia due to Date of onset
June 6
1932
184 Acute nephritis
130 / 94
69B ①

Other contributory causes of importance:
Shin shot wound of 1914
Thigh

Name of operation Repair of wound Date of 6-10-32
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 Accident Date of injury June 6, 1932
Where did injury occur? Lexington, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
Shin shot
Nature of injury fractured thigh

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. H. Beckwith, M. D.
(Address) 1025 Rialto Bldg

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 399
Primary Registration District No. 1002

File No.....
Registered No. 2333
St..... Ward.....

2. FULL NAME

(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) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1915

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
17 8 1 9

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

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

Date of onset

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

Other contributory causes of importance:

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED 6/11, 1932 M. M. Browe Registrar

If so, specify..... (Signed)....., M. D.

(Address).....

ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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