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.

JUL 26 1932

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

Do not use this space.

20416

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 143
City Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME Earl Braden

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1916

7. AGE Years 16 Months 3 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1861 1940 9
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) Mo

FATHER
13. NAME J P Braden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Jossie Shoemaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) J P Braden Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia DATE June 3 1932

19. UNDERTAKER (ADDRESS) Tillerson-Sedalia

20. FILED 6-3 1932 J. T. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1932

22. I HEREBY CERTIFY, That I attended deceased from record body, 19, to, 19

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

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

Embolism following injury one week previous. Osteo-mylitis traumatic — Date of onset 5

Other contributory causes of importance:

186 (5)

Name of operation Date of

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 5-22, 1932
Where did injury occur? at home - Sedalia (Specify city or town, county, and State) Mo.
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Fell on back
Nature of injury Osteo-mylitis-traumatic

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W T Bishop Coroner, M. D.
(Address) Sedalia Mo