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.

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

Do not use this space. 24136

1. PLACE OF DEATH

County ..... Registration District No. 791 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6209

City St. Louis (No. Central Hospital St. ..... Ward)

2. FULL NAME Clifford S. Brawner

(a) Residence, No. 7558 Byron dr. 12 Ward. St. Louis Co. Mo
(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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6-1892

7. AGE YEARS 40 MONTHS X DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobiles

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) St. Louis Mo. 1

FATHER

13. NAME Wm T. Brawner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana La 21

MOTHER

15. MAIDEN NAME Elizabeth Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Mo 1

17. INFORMANT (ADDRESS) Mrs C. S. Brawner 6180 Pershing ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bourbon Mo DATE July 6 1932

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St

20. FILED JUL -5 1932 Alex C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to July 4, 1932

I last saw him alive on July 4, 1932 Death is said to have occurred on the date stated above, at 12 noon

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

	Date of onset
Intestinal Peritonitis	
121A	
121B	
121	

Other contributory causes of importance:

124

Gangrene appendix

Name of operation appendectomy Date of 6-28-32

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

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

If so, specify no

(Signed) Dr M F Hoermann, M. D.

(Address) 2343 N Grand

Dr. M. F. Harmon

2717 N. Grand

Franklin 2611

10 to 11