

SEP 21 1932

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

Do not use this space.

25446

15

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph(No. State High # 2)

File No. _____

Registered No. 792

St. _____

Ward _____

2. FULL NAME Mary Magdalene Braun(a) Residence, No. Kansas City Mo.

St. _____

Ward. Kansas City Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 12 ds. _____

How long in U. S., if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

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

widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 18 71

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

61524

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

Housewife

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)

unknown France ?

13. NAME

Nicholas Baeths

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

unknown France

15. MAIDEN NAME

Magdalene Schuel

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

Alsea France

17. INFORMANT (ADDRESS)

Hosp. Records 814 High #2 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE KC Mo DATE Aug 16-32 19__

19. UNDERTAKER (ADDRESS)

Suddarth-Buchanan Kansas City Mo

20. FILED

P-16-32-11John H. Kuehn, Jr. Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15 1932

22. I HEREBY CERTIFY, That I attended deceased from

August 3 1932, to August 15 1932I last saw her alive on August 15 1932. Death is saidto have occurred on the date stated above, at 11:30 p.m.

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

Cerebral HemorrhageDate of onset 8/19/329308:30 A930

Other contributory causes of importance:

Myocarditis8/3/32Plus

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical findings 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) George W. Ferrans M. D.(Address) State High #2 St. Joseph Mo

