

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.

NOV 28 1932

2706300

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

Do not use this space.

27065-A

1. PLACE OF-DEATH

86 County Putnam
Township Grant
City Livonia

Registration District No. 720
Primary Registration District No. 6234

File No.
Registered No. 10
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

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Badger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 29

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2

FATHER 13. NAME John Bratcher

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

MOTHER 15. MAIDEN NAME Ether Chandler

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

17. INFORMANT (ADDRESS) Mrs. G. H. Wright
Livonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried
PLACE Bratcher Cem. DATE Aug 19 1932

19. UNDERTAKER (ADDRESS) Trusted & McVicker
Livonia, Mo.

20. FILED Nov 14 1932 E. C. McVicker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug - 7 1932, to Aug - 9 - 1932
I last saw him alive on Aug - 18 1932 Death is said to have occurred on the date stated above, at 11 noon.
The principal cause of death and related causes of importance were as follows:

Obstruction of
arteries from
atherosclerosis
Impaired circulation
Other contributory causes of importance:
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Name of operation none Date of Aug 9 1932
What test confirmed diagnosis? none 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 Aug 9 1932
Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) P. J. Hart M. D.
(Address) Livonia, Mo.

