

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

Do not use this space.

36154

1. PLACE OF DEATH

County Jefferson
Township _____
City Festus (No. _____)

Registration District No. 421
Primary Registration District No. 4249

File No. _____
Registered No. 80
St. _____ Ward _____

2. FULL NAME Esther M. Braun

(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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Edward A. Braun</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31., 1905</u>		
7. AGE, YEARS <u>27</u>	MONTHS <u>2</u>	DAYS <u>12</u>
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>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>135</u>
	10. Date deceased last worked at this occupation (month and year) <u>May 1932</u>
11. Total time (years) spent in this occupation _____	

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

FATHER 13. NAME William Westbrook

FATHER 14. BIRTHPLACE (CITY OR TOWN) Wayne County Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Rainwater

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Greenville Mo.
(STATE OR COUNTRY)

17. INFORMANT Edward A. Braun
(ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo. DATE 11/16/32, 19__

19. UNDERTAKER Duester and Vinyard
(ADDRESS) Festus Mo.

20. FILED 11/15 1932 J. C. Ruller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1932

I HEREBY CERTIFY, That I attended deceased from May 5, 1932 to Nov. 13, 1932
I last saw h. w. alive on Nov. 10, 1932. Death is said to have occurred on the date stated above, at 119 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of ovaries with general abdominal metastases
Date of onset May 1932
Other contributory causes of importance: 53 E
Earthy Mass 117A 1929

Name of operation Extending Ovary Date of _____
What test confirmed diagnosis Clinical 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) J. C. Ruller, M. D.
(Address) City of Festus Mo.

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.

JAN 9 1933

