

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

Do not use this space.

36670

1. PLACE OF DEATH

County Putnam Registration District No. 668
 Township 4 Primary Registration District No. 3032
 City Sedalia (No. Baltimore Hosp.)

File No. _____
 Registered No. 812 St. _____ Ward _____

2. FULL NAME

Christine Branatetter
 (a) Residence, No. Royal Hotel 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Branatetter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1905
 7. AGE YEARS 27 MONTHS - DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) June 2

13. NAME Emerson

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

15. MAIDEN NAME "

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

17. INFORMANT Walter Branatetter (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 11/26 1932

19. UNDERTAKER Illcoyie Fun Home (ADDRESS) Sedalia Mo

20. FILED 11-25 1932 J.H.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 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: _____ Date of onset _____

Ristol shot wounding in left breast fixed by another with homicidal intent

Other contributory causes of importance: _____
173 173 (5)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 11-24 1932

Where did injury occur? Sedalia Mo (Specify city or town, county, and State)

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

Manner of injury gun shot

Nature of injury Left breast

24. Was disease or injury in any way related to occupation of deceased? 7
 If so, specify _____

(Signed) W. T. Bishop Coroner, M. D.
 (Address) Sedalia 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.

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