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

Do not use this space.

39229

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

3 Township ~~Baptist Hospital~~ — Primary Registration District No. 2001 — Registered No. 835

5 City Springfield (No. Springfield Baptist St. Ward)

2. FULL NAME Margaret N. Brackley

(a) Residence, No. Long Lane Mo St., Ward. (If nonresident, give city or town and State)
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John N. Brackley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-26-1855

7. AGE YEARS 77 MONTHS 8 DAYS 56 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Illinois ?

FATHER
13. NAME Wm. S. Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 318

MOTHER
15. MAIDEN NAME E. Shelton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Grace Hanna Long Lane Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn Buffalo Mo DATE 12-2-1932

19. UNDERTAKER (ADDRESS) L. B. Jones Buffalo Mo

20. FILED 12-1, 1932 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932 to Nov 30, 1932
I last saw her alive on Nov 30, 1932 Death is said to have occurred on the date stated above, at 6 45 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetic Coma
59 Diabetes Mellitus

Date of onset

Other contributory causes of importance:

59 None

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? 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?
If so, specify
(Signed) E. G. Rosebery, M. D.
(Address) Springfield, Mo

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 sh
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ir

JAN 23 1933