

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

Do not use this space.

22305

File No.
Registered No. 159
St. Ward)

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Boone Primary Registration District No. 30.06
City Columbia (No. St. Ward)

2. FULL NAME

Joseph Bramham
(a) Residence, 419 N. Main Ave. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

22. I HEREBY CERTIFY, That I attended deceased from July 22 & 23, 1933, to X, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-2-1916

I last saw him alive on X, 19..... Death is said

7. AGE YEARS 17 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 5:25 p.m.
The principal cause of death and related causes of importance were as follows:

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

Electrocuted - while operating rug cleaning machine.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rug Cleaning Co.

1933

10. Date deceased last worked at this occupation (month and year) July 22, 1933 11. Total time (years) spent in this occupation 1/6

Other contributory causes of importance: 1933

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

Date of onset 9/6

13. NAME Ogie Bramham

Name of operation Coroner's Inq. Verdict Date of

14. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? Was there an autopsy? No

15. MAIDEN NAME Lizzie Mae Williams

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri

Accident, suicide, or homicide? Date of injury, 19.....

17. INFORMANT Laurance Garcia (ADDRESS) Columbia Missouri

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cemetery DATE 7-26, 19 33

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

19. UNDERTAKER Stuart P. Parker (ADDRESS) Columbia Missouri

Manner of injury

20. FILED 7/25, 19 33 Allie Selby Registrar.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. S. Davis, Coroner

(Address) Columbia Mo.

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

AUG 20 1933

10
839

207

