

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 very important.

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

*Don m...*  
Do not use this space.

1. PLACE OF DEATH  
 76 County Permissey Registration District No. 656  
 5 Township Holland Primary Registration District No. 6281  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bonnie G. Bratton  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs.  mos.  ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds. (If nonresident, give city or town and State)

File No. 24010  
 Registered No. 33

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>H</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u></u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10, 1923</u>		
7. AGE	YEARS <u>10</u>	MONTHS <u>3</u>
	DAYS <u>15</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>Student</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>	
	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) <u>Greenville, Tex</u>		
FATHER	13. NAME <u>F. E. Bratton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pontotoc, Miss</u>	
MOTHER	15. MAIDEN NAME <u>Birchie Christina</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Covington, Tex</u>	
17. INFORMANT (ADDRESS) <u>F. E. Bratton, Holland, Miss</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>not here</u> DATE <u>7-26, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Rayman, Smith Co, Steele, Miss.</u>		
20. FILED <u>Aug 9, 1933</u> <u>Atkinson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 7/25/33, 1933, to 7/25/33, 1933.  
 I last saw him alive on 7/25/33, 1933. Death is said to have occurred on the date stated above, at 12:10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Malaria.  
 38  
 36  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation ✓ Date of \_\_\_\_\_  
 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 \_\_\_\_\_, 1933.  
 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) H. M. Daniel, M. D.  
 (Address) Steele, Miss.

