

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

Do not use this space.

**26250**

**1. PLACE OF DEATH**

County Henry  
Township Asa  
City (No. ....) .....

Registration District No. 348  
Primary Registration District No. 5486

File No. ....  
Registered No. 322  
St. .... Ward)

**2. FULL NAME**

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</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>Mary Braun</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 - 1868</u>		
7. AGE <u>65</u>	YEARS <u>7</u>	MONTHS <u>2</u>
DAYS <u>2</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>Farmer.</u>
	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.

13. NAME Mathew Braun.

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

15. MAIDEN NAME Anna Black.

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

17. INFORMANT A. W. Braun.  
(ADDRESS) Deep Water, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brownington. DATE 8-5-1933

19. UNDERTAKER John Thurst  
(ADDRESS) Deep Water, Mo.

20. FILED Aug 4 1933 C. D. Taylor, M.D.  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from  
Aug. 1 - 1933, to Aug 3 - 1933  
I last saw him alive on Aug 3 - 1933. Death is said  
to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis  
Cholelithiasis  
93D  
1812  
Other contributory causes of importance 93D

Date of onset  
Unknown  
Aug-1-33  
10

Name of operation ..... 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) C. D. Taylor M. D.  
(Address) Brownington, 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.

AUG 26 1933

WRITE PLAINLY WITH CAPS

