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.

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

Do not use this space.

29630

1033

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K.C.Mo. (No. 917 Central St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 3554

2. FULL NAME: Mrs. Anna C. Bramel
(a) Residence, No. 4022 Brooklyn St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Bramel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15, 1870

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Linen Clerk in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel
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): Pa

FATHER
13. NAME: Wm. E. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

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

17. INFORMANT (ADDRESS): Mrs. W. G. Thomas 4022 Brooklyn, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Washington DATE: Sept.9-33, 19
19. UNDERTAKER (ADDRESS): R.V.Lindsey & Sons, Inc. K.C.Mo.
20. FILED: 9-9, 1933 M.M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/7/33, 19

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

Chronic gastritis
Acute

Other contributory causes of importance:

No

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

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) ..., M. D.
(Address)