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

Do not use this space.

File No. 32471

Registered No.

NOV 10 1933

1. PLACE OF DEATH
County Carter — Registration District No. 146
Township Pike — Primary Registration District No. 5209
City — (No. — St. — Ward)

2. FULL NAME George Avery Brawley

(a) Residence, No. — 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: Male
4. COLOR OR RACE: Wht.
5. ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha ~~Margaret~~ Brawley (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 22, 1857

7. AGE: YEARS 76 — MONTHS 1 — DAYS 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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: Neil Brawley.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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

17. INFORMANT: Thornton Brawley
(ADDRESS): Fremont, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE: Falling Sp. Cem. DATE Nov. 1, 1933

19. UNDERTAKER: No Licensed undertaker
(ADDRESS)

20. FILED Nov. 1, 1933 — F. W. Patton — Jessie D. Sel[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 31, 1933

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)
No doctor for past year — deceased died of chronic kidney trouble incurable + [illegible]

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — 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?
If so, specify

(Signed) W. C. Gray Coroner M.D.
(Address) Van Buren, 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.

Please state
form of
Chronic Kidney
Trouble -
was it Interstitial Nephritis
or Parenchymatous -

This was sent to me by
H. C. Craig undertaker of
Van Buren Mo. I cannot ans
your question. Jesse D. Schupp

H. C. Craig is also coroner of
this county.

We appreciate this information but it must be written on Certificate

Please fill in desired information between red marks. If not known write the word "unknown". Please sign and return.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. ....
Registered No. ....

1. PLACE OF DEATH
County Carter Registration District No. 146
Township Pike Primary Registration District No. 5209
City .... (No. .... St. .... Ward)

2. FULL NAME Geo Brawley
(a) Residence, No. .... 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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE .... DATE .... 19....
19. UNDERTAKER (ADDRESS)
20. FILED .... 19.... Jessie D Schupp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1933

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
Kidney trouble
This was sent to me by H.C. Cray Coroner and who is also undertaker
Other contributory causes of importance:
I do not know what kind of chronic kidney trouble.

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