

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

Do not use this space.

33869

**1. PLACE OF DEATH**

County Monroe Registration District No. 608  
 Township Franklin Primary Registration District No. 6264  
 City Stella (No. ....) St. .... Ward)

**2. FULL NAME** Paul Clarence Brathin

(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.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sept 9 - 1925</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 9 - 1925</u>		
7. AGE <u>8</u> YEARS	MONTHS <u>-</u>	DAYS <u>26</u>
IF LESS than 1 day, .... hrs. or .... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>school boy</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer <u>none</u>		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essaka Springs Ark

PARENTS	10. NAME OF FATHER <u>J. C. Brathin</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Hattie Doster</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>

14. INFORMANT Brathin Hattie Doster  
 (Address) Essaka Springs Ark

15. FILED Oct 9 1933 L. H. Palmell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 5 - 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 - 1933 to Oct 5 - 1933  
 that I last saw him alive on Oct 5 - 1933 and that death occurred, on the date stated above, at 4, 30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremic poisoning  
 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) Nephritis  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. Cardwell, M. D.  
 , 19 (Address) Stella, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Essaka Springs Ark</u>	DATE OF BURIAL <u>Oct 5 1933</u>
20. UNDERTAKER <u>P. E. Newton</u>	ADDRESS <u>Essaka Springs</u>

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.

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

