

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

Do not use this space.

1. PLACE OF DEATH

City Macon
Township Chariton
City (No. _____) St. _____ Ward _____

Registration District No. 533
Primary Registration District No. 5705

File No. 1844
Registered No. 15

2. FULL NAME Argie Braumer

(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 Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3rd 1902
7. AGE YEARS 31 MONTHS 5 DAYS 8
If LESS than 1 day, _____ hrs. or _____ min.

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. Labor
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Macon
(STATE OR COUNTRY) Mo.

13. NAME Osie Braumer

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

15. MAIDEN NAME Lou Vestal

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

17. INFORMANT Opal Jane Braumer
(ADDRESS) Macon, Mo., R. 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beverly Run DATE 12 14 1934

19. UNDERTAKER Stephens & Gooding
(ADDRESS) Macon, Mo.

20. FILED Feb 11 1934 W. K. H. H. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 11 - 1934
22. I HEREBY CERTIFY That I attended deceased from 12:20 am 1934
I last saw not alive alive on not alive, 1934 Death is said to have occurred on the date stated above, at 11:29 a.m.

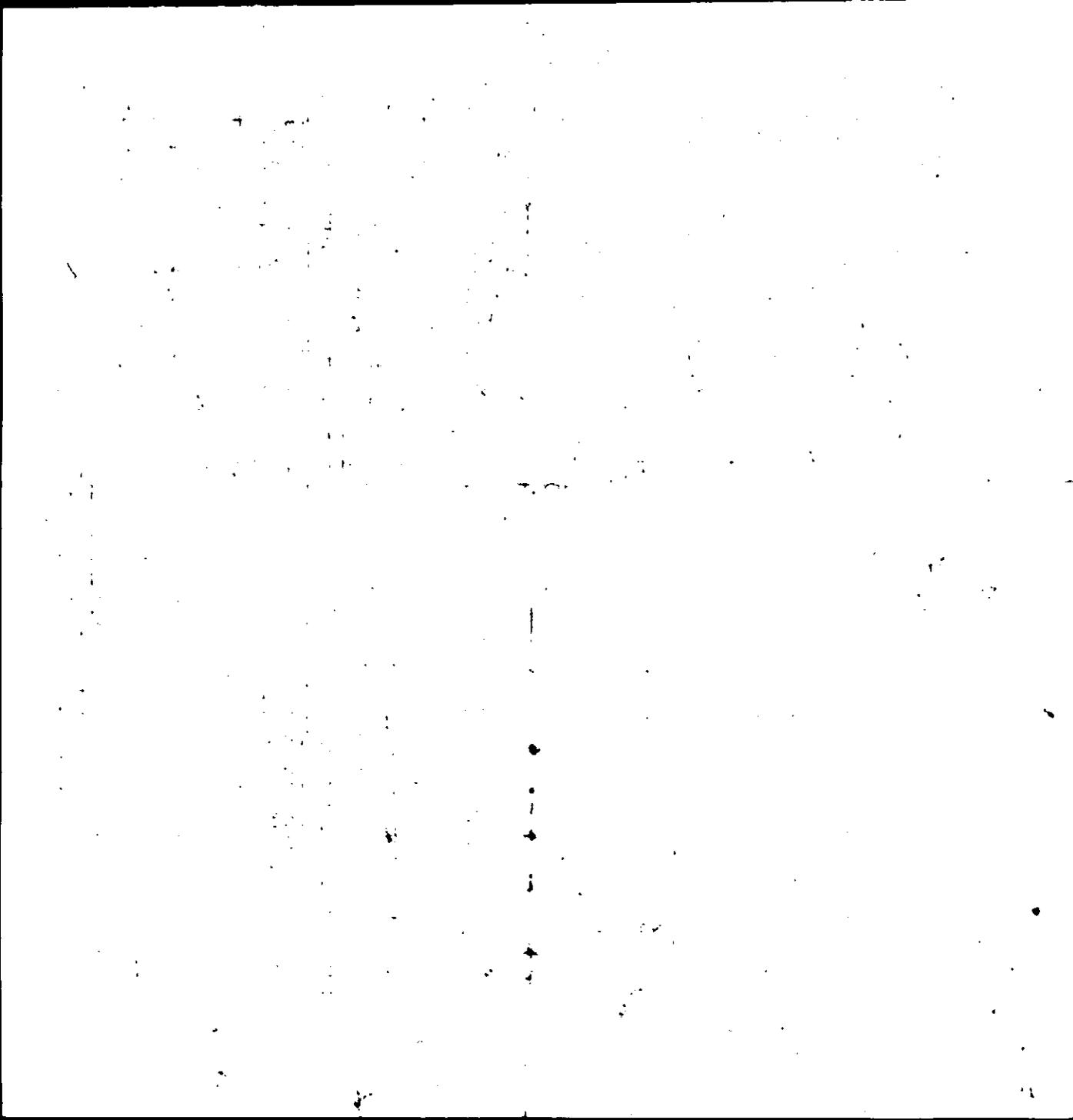
The principal cause of death and related causes of importance were as follows:

Rock Fall in coal mine
Date of onset _____
Other contributory causes of importance: _____
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 _____, 1934
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) A. M. R. R. M. D.
(Address) Macon, Mo.
Braumer



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon Registration District No. 529
 Township Chariton Primary Registration District No. 5705
 City PSD St. _____ Ward _____

File No. 1844
 Registered No. _____

2. FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opal F Brummer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd 1902
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 5 08

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. Laborer
 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) Macon Missouri

MOTHER FATHER
 13. NAME Lee Brummer

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

15. MAIDEN NAME Lou Vestal

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

17. INFORMANT (ADDRESS) Opal Lee Brummer

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 17/4 1934

19. UNDERTAKER (ADDRESS) Stephens & Sealing

20. FILED May 10, 1934 Mrs Edna Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/11 1934

22. I HEREBY CERTIFY, That I attended deceased from dead with Paralysis
 I last saw him alive on _____, 19____. Death is said to have occurred on the date listed above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Rock fall on head
 Other contributory causes of importance: 201
 Date of onset _____

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) W. H. G. Goch M. D.
 (Address) 2 Elmer Ma

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

Coroner

S-1844