

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

25
1934
6
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.

MAY 25 1934

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

Do not use this space.

11915

1. PLACE OF DEATH

County Boone
Township Barton
City Sturgeon (No.)

Registration District No. 79
Primary Registration District No. 4047

File No. 10
Registered No.
St. Ward)

2. FULL NAME Geo. Brackler

(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 14 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 29, 1867</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>4</u>	DAYS <u>4</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>Hammer</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) Loosauk, Mo
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Carl Brackler

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

17. INFORMANT Mr. S. W. Althoff
(ADDRESS) Sturgeon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topham Mo DATE April 3 1934

19. UNDERTAKER Ray Banno
(ADDRESS) Sturgeon Mo

20. FILED 4/3/34 1934 E. T. Lentz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1934

22. I HEREBY CERTIFY, That I attend deceased from January 7, 1934, to April 2, 1934.
I last saw him alive on April 2 p, 1934. Death is said to have occurred on the date stated above, at 2 p m.

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

Carcinoma
involving intestinal
tract & all glands
Date of onset

Other contributory causes of importance:

No
Name of operation Information May 1935
What test confirmed diagnosis? May 1935 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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. A. Robinson, M. D.
(Address) Sturgeon Mo

