

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

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.

JUL 19 1934

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

Do not use this space.

19887

1. PLACE OF DEATH

County *Colinton*
Township *Lathrop*
City (No. _____) _____

Registration District No. *206*
Primary Registration District No. *5284A*

File No. _____
Registered No. *15* _____
City _____ St. _____ Ward _____

2. FULL NAME *William Riley Bramham*

(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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 12, 1875*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 5 13

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. *Retired*
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) *Steubenville, Ohio*

13. NAME *John Bramham*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *Mary Duncan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT (ADDRESS) *Hallie Newton Lathrop, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethel Cemetery* DATE *6-26, 1934*

19. UNDERTAKER (ADDRESS) *Edmond Brunk Lathrop, Mo.*

20. FILED *6-26, 1934* *E. B. Dunkson Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 25, 1934*

22. I HEREBY CERTIFY, that I attended deceased from *May 30, 1934* to *June 25, 1934*
I last saw *him* alive on *June 23, 1934* Death is said to have occurred on the date stated above, at *9:30 A.M.*
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver - (A) alcoholic.
12 1/2
13 1/2
9 1/2
Other contributory causes of importance: *Chronic interstitial Nephritis with edema & Aortic insufficiency*
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? *Hemalysis* 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? *no*
If so, specify _____
(Signed) *Garold B. Phelps D.O.*
(Address) *Lathrop Mo*

