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.

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

Do not use this space.

DEC 18 1934

40081

1. PLACE OF DEATH
County Mississippi — Registration District No. 567 — File No.
Township Wolf Island — Primary Registration District No. 5767 — Registered No. 82
City ~~Crosno~~ (No. , St. Ward)

2. FULL NAME Margarett Bratcher
(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 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) About Nov. 1-1868
7. AGE About YEARS 66 MONTHS 0 DAYS 21 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Mack Bratcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crosno Mo

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

17. INFORMANT (ADDRESS) Chas. Bender Crosno Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Travis Cem. DATE Nov. 23 1934
19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston Mo.
20. FILED Nov 7 1934 Duff M Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1934
22. I HEREBY CERTIFY, That I attended deceased from 19 , to , 19
I last saw h alive on No Docts , 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:

Cancer in the left breast
Internal
50

Date of onset

Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? Family History 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) Paul Hackney
(Address) Coroner - Charleston Mo.