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.

12

MAR 20 1935

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

Do not use this space.

4505

1. PLACE OF DEATH
County Butler Co — Registration District No. 87 — File No.
Township Bear Dam — Primary Registration District No. 5129 — Registered No. 22
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Arthur Braunn

(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1892

7. AGE: 42 — YEARS; MONTHS: 4 mos; 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. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) Jan. 1-35
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

FATHER
13. NAME James W. Braunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

MOTHER
15. MAIDEN NAME Mary Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo

17. INFORMANT (ADDRESS) Charlie Braunn Howell, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Kinsey Cemetery DATE 2/12, 1935

19. UNDERTAKER (ADDRESS) Quick Undertaker Naylor, Mo.

20. FILED 2/22, 1935 M. Soppington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1935, to Feb 11, 1935
I last saw him alive on Feb. 10, 1935. 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:

	Date of onset
Lobar Pneumonia	2-4-35
108	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) R. L. Turner, M. D.
(Address) Neelyville Mo