

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

Do not use this space.

4607

MAR 27 1935

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 1205
 Township 11 Primary Registration District No. 3009
 City CAPE GIRARDEAU (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 59
 St. _____ Ward _____

2. FULL NAME

Kenneth Royal Bratch

(a) Residence, No. Cape Girardeau mo St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 24 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Feb - 18 1935 to Feb 24 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 2 1908

I last saw him alive on Feb 24 1935 Death is said to have occurred on the date stated above, at 12:20 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 7 22

The principal cause of death and related causes of importance were as follows:
Acute nephritis Date of onset _____

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
 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 _____

Other contributory causes of importance: Uremia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Ill

Name of operation _____ Date of _____
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓

FATHER
 13. NAME Otto Bratch

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Ill

Manner of injury ✓
 Nature of injury ✓

MOTHER
 15. MAIDEN NAME Hilkie Marks

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Ill

(Signed) W. H. Ashland M. D.
 (Address) Cape Girardeau Mo

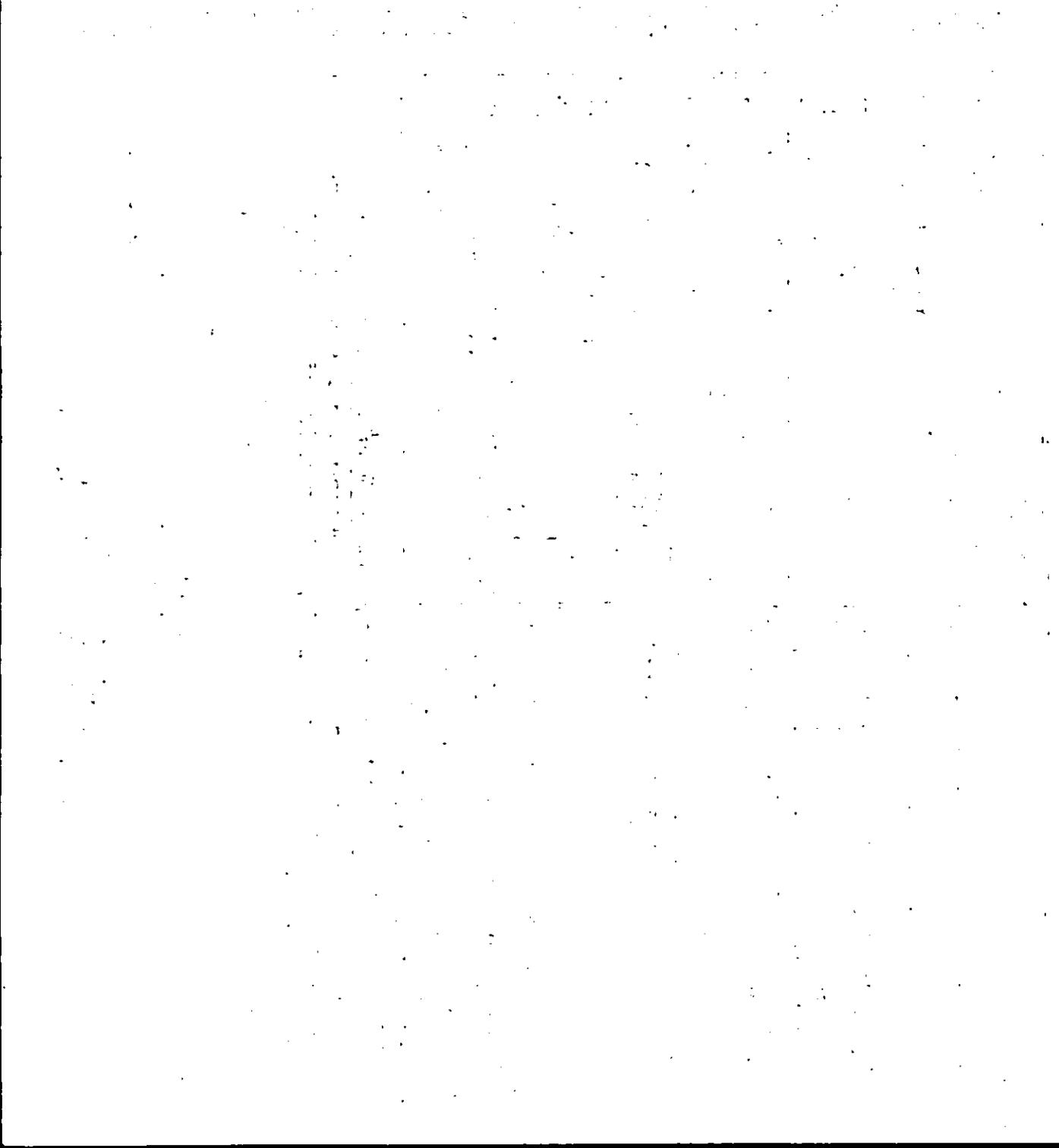
17. INFORMANT (ADDRESS) Geo Dawson
Cape Girardeau mo

18. BURIAL, CREMATION, OR REMOVAL SALEM, Ill
 PLACE Macedonia Court DATE Feb - 27 1935

19. UNDERTAKER Hanna's Funeral Home
 (ADDRESS) Cape Girardeau Mo

20. FILED 2 - 24 1935 J. M. Thompson Registrar

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.



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

ALL INFORMATION OBTAINED
HEREIN FOR MUST BE WRITTEN ON
THIS CASE BY REGISTERAR.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape G. Primary Registration District No. 3009
City Cape G. (No. St. Francis Hosp.) St. _____ Ward _____

File No. 4607
Registered No. 59

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.

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

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

7. AGE YEARS MONTHS DAYS 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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED 2/16/33 J. M. Laurman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 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:

Acute Nephritis Date of onset _____

Acute Tonsillitis

Other contributory causes of importance:

Uremia

Name of operation 11502 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) H. V. Ashley M. D.

(Address) Cape Girardeau Mo

S-4607