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.

AUG 21 1935

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

Do not use this space.

19176

1. PLACE OF DEATH

18

County Carter — Registration District No. I44, — File No.

Township Jackson. — Primary Registration District No. 5207, — Registered No.

City (No. , St. Ward)

2. FULL NAME Gertie Geneva Brame

(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: Female

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) April 19, 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	1	28	

OCCUPATION

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) Carter County Missouri

FATHER

13. NAME H. L. Brame

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County Missouri

MOTHER

15. MAIDEN NAME Gertie O'Dell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County Missouri

17. INFORMANT (ADDRESS) H. L. Brame Ellsinore, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grisim DATE June 17, 1935

19. UNDERTAKER (ADDRESS) W. C. Croy Van Buren, Mo.

20. FILED , 19 Pearl Brooks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June I6, I935

22. I HEREBY CERTIFY, That I attended deceased from June I3th, 19, to June I6, I935, 19

I last saw her alive on June I6th, 19 35 Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Acute Diarrhoea & Enteritis,	6/I8/

Other contributory causes of importance:

Name of operation 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) [signature], M. D.

(Address) Van Buren, Mo.

119B