

AUG 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3814, Wyandotte)

Registration District No. 399
Primary Registration District No. 1002

File No. 23055
Registered No. 2795
St. _____ Ward _____

2. FULL NAME

Alley Brammer(a) Residence, No. 3814 Wyandotte 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 Mrs. Louvena Brammer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

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) Macon County
(STATE OR COUNTRY) Missouri

13. NAME James Brammer

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

15. MAIDEN NAME Angeletta Phipps

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

17. INFORMANT Mrs. Louvena Brammer
(ADDRESS) 3814 Wyandotte St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Callao, Mo. DATE 7/14/35, 19__

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway K. C. Mo.

20. FILED July 11 1935 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 '35

22. I HEREBY CERTIFY, That I attended deceased from

July 7th, 1935, to July 11, 1935
I last saw him alive on July 10, 1935 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Chronic Myocarditis Date of onset 1930

Other contributory causes of importance:

Arterio Sclerosis 1930-31

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Callado, M. D.(Address) 1002 Chamber Bldg. K.C. Mo.

