

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

Do not use this space.

AUG 20 1935

23191

1. PLACE OF DEATH

County Jackson
Township Deer
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 23191
Registered No. 2-4020
St. W Ward

2. FULL NAME

Mrs. Sally Braffett - B. A. Braffett

(a) Residence, No. Clement Child St., W Ward.

Length of residence in city or town where death occurred

yrs. mos. 14 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Missouri

MOTHER 13. NAME Michael Stauter

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

15. MAIDEN NAME Mary Reid

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

17. INFORMANT Ewing Lawler (ADDRESS) 5810 Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Clement, Okla DATE 19

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) 211 E. 9th St.

20. FILED July 23, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1935

22. I HEREBY CERTIFY that I attended deceased from 19 to 19

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above at 2:15 P.M.

The principal cause of death and related causes of importance were as follows: Crushing injury of the chest Date of onset 161

Separation of the aorta

Other contributory causes of importance:

Name of operation Autopsy Date of 20

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence, fall, etc.) also the following: Accident, suicide, or homicide Accident Date of injury 1935

Where did injury occur 2218 Walnut St. Kansas City

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Crushing in elevator door

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Not related

(Signed) [Signature] M. D.

(Address) [Signature]

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.

