

SEP 13 1935

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

Do not use this space.

27110

1. PLACE OF DEATH

County Monroe

Township Jefferson

City Jefferson (No. _____)

Registration District No. 586

Primary Registration District No. 0784

File No. 8

Registered No. 8

St. _____

Ward _____

2. FULL NAME Eois Ryland Bram

(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 53 yrs. 7 mos. 19 ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) 1-3-1889

7. AGE

YEARS 53

MONTHS 7

DAYS 19

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Monroe Co. Missouri

13. NAME John C. Bram

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

15. MAIDEN NAME Mary E. Haund

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri

17. INFORMANT (ADDRESS) Richard Bram, 712 1/2 E. 11th St., Jefferson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE South Fort Mo. DATE Aug 25, 1935

19. UNDERTAKER (ADDRESS) Geo. W. Perry, 1111 Perry St., Jefferson, Mo.

20. FILED Sept 10, 1935

Ellie B. Drake Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935 to Aug 22, 1935

I last saw him alive on Aug 22, 1935 Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Pericardial Arteriosclerosis
71a

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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.

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

(Signed) John C. Bram M. D.

(Address) Jefferson, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

