

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.

NOV 18 1935

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

Do not use this space.

31790

1. PLACE OF DEATH

County Barry
Township _____
City Monett (No. _____)

Registration District No. 30
Primary Registration District No. 3003

File No. _____
Registered No. 43
St. _____ Ward _____

2. FULL NAME Not named - Brafford

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18, 1935</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>
	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) Monett
(STATE OR COUNTRY) Missouri

13. NAME James Robert Brafford

14. BIRTHPLACE (CITY OR TOWN) Monett, Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Letitia Jay Robinson

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

17. INFORMANT James R. Brafford
(ADDRESS) Monett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakdale DATE 10/18 35

19. UNDERTAKER Disposition by family
(ADDRESS)

20. FILED 10-18, 1935 W. M. West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/18, 1935, to 10/18, 1935.
I last saw h. s. alive on 10/18, 1935. Death is said to have occurred on the date stated above, at 11:15A m.

The principal cause of death and related causes of importance were as follows:
Pneumonia (6 months)

Date of onset _____

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? h

If so, specify _____

(Signed) Frank Kerr, M. D.

(Address) Monett, Mo

