JAN 16 1936

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

Do not use this space.

36525

1. PLACE OF DEATH
County Lafayette
Township
City Alma (No. , St. Ward)
Registration District No. 454
Primary Registration District No. 4268
File No.
Registered No. 7

2. FULL NAME Catharine Amanda Brauscom

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. M. Brauscom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 - 4 - 1851

7. AGE: Years 84 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Yadkinville (STATE OR COUNTRY) North Carolina

FATHER
13. NAME James Lightrell Caudle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Mary Bennett Yarber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT W. W. Brauscom (ADDRESS) Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove Cem. DATE 11/5 - 1935

19. UNDERTAKER A H Brewer (ADDRESS) Alma Mo

20. FILED Nov. 5 1935 Mrs Edith McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to Nov. 3, 1935, I last saw her alive on Nov 3, 1935. Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1934

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. S. James, M. D.
(Address) Blackburn, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD