

JAN 30 1936

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

Do not use this space.

39122

1. PLACE OF DEATH

County Dunklin Registration District No. 282
Township Union Primary Registration District No. 6401
City (No.) St. Ward)

File No.
Registered No. 67

2. FULL NAME

Robert Burris Brake

(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

MEDICAL CERTIFICATE OF DEATH

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Brake

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec 3 1935
I last saw him alive on Dec 1 1935 Death is said to have occurred on the date stated above, at 10:00 AM Dec 3 1935
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1877

asthma
Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) v
11. Total time (years) spent in this occupation Life

Other contributory causes of importance
W

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME Marion Brake

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

15. MAIDEN NAME Miss Ann Rustin

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

17. INFORMANT Wife Campbell
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cynthiana DATE 12/5 1935

19. UNDERTAKER (ADDRESS) Danderson

20. FILED 134 1935 Producers Registrar.

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?
If so, specify John R Brown
(Signed) Campbell, M. D.
(Address) Campbell

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.

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