

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.

FEB 19 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Carter
 Township Johnson
 City Near Ellsinore (No.)

Registration District No. 145
 Primary Registration District No. 3208

File No. 519
 Registered No. Feb 11
 St. Ward

2. FULL NAME Allie Brame

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 90 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Phillip Brame</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1881</u>		
7. AGE <u>54</u>	YEARS <u>3</u>	MONTHS <u>3</u>
DAYS <u>3</u>		
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Henry County
 (STATE OR COUNTRY) Missouri

13. NAME -- Duden

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

15. MAIDEN NAME -- Browning

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

17. INFORMANT Phillip Brame
 (ADDRESS) Ellsinore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Springfield, Mo. DATE Jan. 18 19 36

19. UNDERTAKER W. C. Croy
 (ADDRESS) Van Buren, Mo.

20. FILED 1/17 19 36 Ellsinore, Mo.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 19 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 19 36, to Jan. 16 19 36.
 I last saw her alive on Jan. 16 19 36. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cancer on Breast (left) Date of onset Jan. 14. 36
Cancer on leg (left)

Other contributory causes of importance
Pneumonia

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) Dr. John H. Nubner, D.O.
 (Address) Ellsinore, Mo.

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF
WASHINGTON, D. C. 20315

MEMORANDUM FOR THE CHIEF OF STAFF
SUBJECT: [Illegible]

[The remainder of the page contains extremely faint and illegible text, likely a memorandum or report.]