

MAR 18 1936

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

Do not use this space.

824

1. PLACE OF DEATH

County Franklin
Township Salem
City (No., St. Ward)Registration District No. 298 E
Primary Registration District No. 5408File No.
Registered No. 8

2. FULL NAME

Samuel A. Braden

(a) Residence, No. St. Ward.

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 18907. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 4 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Clay County Arkansas13. NAME A. M. Braden14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Sidney Largent16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) J. A. Braden

18. BURIAL, CREMATION, OR REMOVAL

PLACE Piggott, Ark. DATE Jan. 16, 193619. UNDERTAKER (ADDRESS) Mrs. Daniel Funeral Service20. FILED 3/9 36 A. S. McFarrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 193622. I HEREBY CERTIFY, That I attended deceased from about May 28, 1936, to Jan. 15, 1936I last saw him alive on Jan. 14, 1936. Death is saidto have occurred on the date stated above, at 4:20 P.M.

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

Intestinal T.B. about 2 yrs. ago. Date of onset

Other contributory causes of importance:

Chronic DysenteryName of operation Intestectomy Date ofWhat test confirmed diagnosis? Stools 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? No

If so, specify

(Signed) Roy L. Soper, M. D.(Address) Smith St. 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

