

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.

MAR 20 1936

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

Do not use this space.

6522

## 1. PLACE OF DEATH

County Jackson Registration District No. 431 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3023 Registered No. 8  
City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary A. Bramell  
(a) Residence, No. 108 E. Russell 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>widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Will Bramell</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 5, 1859</u>			
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>2</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.		
	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) <u>St. Joseph Mo.</u>			
FATHER	13. NAME <u>John Gillespie</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Harriett Tompson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Miss Dee Gillespie</u>			
(ADDRESS) <u>Warrensburg Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE	<u>Sunset Hill</u>		DATE <u>Feb. 9, 1936</u>
19. UNDERTAKER <u>W. F. Wilson Funeral Service</u>			
(ADDRESS) <u>Warrensburg Mo.</u>			
20. FILED <u>File 8, 1936</u> <u>Evan Bentley</u> Registrar			

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 7, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 24, 1936, to Feb. 7, 1936</u>
I last saw her alive on <u>Feb. 7, 1936</u> . Death is said to have occurred on the date stated above, at <u>9 P. M.</u>
The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u>
Date of onset <u>Jan. 24/36</u>
Other contributory causes of importance: <u>General malnutrition</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify _____ (Signed) <u>L. Schiefel</u> , M. D. (Address) <u>Warrensburg Mo.</u>

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