17

APR 11 1936

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

Do not use this space.

791

12975

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File No. 3042

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City (No. at City Hospital No.2 St. Ward)

2. FULL NAME Perkins Bracy

(a) Residence, No. 112 S. Chouteau St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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: Colored

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Pearl Bracy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-15-1890

7. AGE: Years 46 years; Months 2; Days 1; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry

10. Date deceased last worked at this occupation (month and year): 3-9-1936

11. Total time (years) spent in this occupation: 20 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshall Texas

FATHER

13. NAME: Sanders Bracy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Pearl Bracy, 112 South Chouteau Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenwood DATE: 3-24 1936

19. UNDERTAKER (ADDRESS): Garner + Lane, 3103 Washington

20. FILED MAR 20 1936 J. A. Brideck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 m. P.

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

	Date of onset
Bilateral Lobar Pneumohia	
Chronic Myocarditis	
Fibrinous Pleurisy	
Arterio-sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Jesse E. Flynn, M. D.

(Address) Dr. C.

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

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.

100M-2-28-35