

APR 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Pemis cot

Registration District No.

653

File No.

12892

Township

Braggaccio

Primary Registration District No.

5871

Registered No.

28

City

Braggaccio

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

7

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

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

Single

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

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

May 25, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

7

15

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

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)

Garden City  
Kansas

13. NAME

H. H. Marr

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

Plainville  
Mo.

15. MAIDEN NAME

Frances Caffell

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

Chaweeah  
Washington

17. INFORMANT (ADDRESS)

Francis Caffell  
Braggaccio - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Culp Cemetery

DATE

Jan 10, 1937

19. UNDERTAKER (ADDRESS)

None

20. FILED

Apr 8, 1937

J. W. Rhodes  
Registrar

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

Jan 9<sup>th</sup>, 1937

22. I HEREBY CERTIFY

That I attended deceased from

Jan 2<sup>nd</sup>, 1937, toJan 9<sup>th</sup>, 1937

I last saw her alive on

Jan 8<sup>th</sup>, 1937

Death is said

to have occurred on the date stated above, at

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

Broncho pneumonia

Date of onset  
1-1-37

Other contributory causes of importance:

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

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)

L. D. Denton

M. D.

(Address)

Braggaccio, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 95 20

