

MAY 17 1937

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

Do not use this space.

15614

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Barry
Township _____
City Washburn (No. _____)

Registration District No. 37
Primary Registration District No. 5053

2. FULL NAME Rosie Jane Branium

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 John Branium
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2nd 1886
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 79 1 28

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31st 19 37

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 _____ m.

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

From information and
Investagating, death
caused by a Heart attack.

Date of onset

No medical aidNo inquest held.

Other contributory causes of importance _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Barry County Mo.13. NAME Jimmie Toy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known15. MAIDEN NAME Jane Browdy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT John Branium(ADDRESS) Washburn, Mo.18. BURIAL, CREMATION, OR REMOVAL Coffin Appril 2nd 37

PLACE DATE

19. UNDERTAKER Wines Brothers(ADDRESS) Washburn, Mo.20. FILED 5/10 1937 J. J. Keller Registrar.

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 _____, 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) Robert C. Monett, M.D. Coroner(Address) Monett, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

