

JUN 29 1937

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

Do not use this space.

21497

1. PLACE OF DEATH

County SHANNONRegistration District No. 823Township WINONAPrimary Registration District No. 604City WILLACRA(No. R.R.)

File No. _____

Registered No. _____

St. ✓

Ward _____

2. FULL NAME

JOHN MARTIN BRAWLEY

(a) Residence, No. _____

(Usual place of abode)

STAR ROUTESt. ✓

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 30 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)MRS. JOHN M. BRAWLEY

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

APRIL 29, 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

67030

OCCUPATION

8. 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.

FARM OWNER

10. Date deceased last worked at this occupation (month and year)

APRIL 1937

11. Total time (years)

spent in this occupation

67

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

OREGON COUNTY RR.

13. NAME

S. A. G. BRAWLEY

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

ILLINOIS

15. MAIDEN NAME

POLLY BROWN

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

UNKNOWN

17. INFORMANT

(ADDRESS)

SARAH BELL
WINONA MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

falling Springs

DATE

May 19 1937

19. UNDERTAKER

(ADDRESS)

Wm

20. FILED

6-10-37Michael Beck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 23rd 1937, to May 28th 1937I last saw him alive on May 28th 1937. Death is saidto have occurred on the date stated above, at 11:35 p.m.

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

Carcinoma of the bladderNEPHRITISmyocarditis51BRONCHIAL ASTHMA???????????????????????

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.

