

JUL 28 1937

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

Do not use this space.

23870

1. PLACE OF DEATH

County Iron Registration District No. 390 File No. 13
Township Union Primary Registration District No. 5545 Registered No. 13
City (No. 2) St. Ward

2. FULL NAME Billy Ray Brawley

(a) Residence, No. 1 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 male 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 15, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 7

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. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME ### Illegitimate

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

15. MAIDEN NAME Jewell Brawley

16. BIRTHPLACE (CITY OR TOWN) Reynolds Co., Mo.
(STATE OR COUNTRY)

17. INFORMANT Jewell Brawley
(ADDRESS) Annapolis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Annapolis Mo. DATE May 22, 1937

19. UNDERTAKER White & Son
(ADDRESS) Ironton Mo.

20. FILED 6/12 19 37 R. C. Hunter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to May 22, 1937

I last saw him alive on May 19, 1937 Death is said to have occurred on the date stated above, at 6.00 A

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

Cholera Infantis

Date of onset

Other contributory causes of importance: 11/11

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 no

(Signed) Ed. Jones, M. D.
(Address) Pinney

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.

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