

Every word 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.

OCT 19 1937

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

Do not use this space.

33305

1. PLACE OF DEATH

County Jackson
 Township Haw
 City Hanna City (No. Trinity Lutheran Hosp)

Registration District No. 399
 Primary Registration District No. 1002

File No. 3750
 Registered No. 3750 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Braymer, Mo
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fc 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 1 24

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

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) Sept 1937 11. Total time (years) spent in this occupation _____

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

13. NAME Grant Waters

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

15. MAIDEN NAME Arena Martin

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

17. INFORMANT (ADDRESS) Grant Waters Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 9/17/37

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo

20. FILED 9/16 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1937, to Sept 15 1937

I last saw him alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Meningitis, Cause unknown Date of onset Sept 13, 37
unless it was secondary to septicecemia which began on Sept 9, 37.

Other contributory causes of importance: 11521

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) Geo. S. Druehl, M. D.

(Address) Braymer Mo.

