

NOV 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 36766Township NanPrimary Registration District No. 100Registered No. 4285City N. C. Mo(No. 105 So. Oakley, Grove, St. \_\_\_\_\_ Ward)2. FULL NAME James August Brackhahn(a) Residence, No. 105 So. Oakley St. \_\_\_\_\_ Ward. \_\_\_\_\_

(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)

Married

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

Margaret Brackhahn

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

May 9, 1887

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

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

Filling station

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)

Prob.

13. NAME

Earnest Brackhahn

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

Germany

15. MAIDEN NAME

Sophia Subers

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

Germany

17. INFORMANT

Margaret Brackhahn

(ADDRESS)

105 So. Oakley

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green Lawn

DATE

Oct-21-1937

19. UNDERTAKER

Mrs. P. J. Horster

(ADDRESS)

Truman City Mo.

20. FILED

10-19-1937M. M. Crowe, asst.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 193722. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1937 to Oct. 18, 1937I last saw him alive on Oct 18, 1937 Death is said to have occurred on the date stated above, at 9:50 P. m.

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

Uremia - Chronic Nephritis - Chronic  
131

Date of onset

Other contributory causes of importance:

Weak Impaction of teeth and tonsilsName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? 31 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) Margaret Brackhahn, M. D.(Address) 2514 East 27

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.

