

NOV 23 1937

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

Do not use this space.

38660

1. PLACE OF DEATH

County St. Clair
Township Speedwell
City (No. St. Ward)

Registration District No. 769
Primary Registration District No. 6015

File No.
Registered No. 10

2. FULL NAME

(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 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 Alice Brackenridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 22

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.

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

11. Total time (years) spent in this occupation life

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

13. NAME Robt. T. Brackenridge

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

15. MAIDEN NAME Sarah E. Gordon

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

17. INFORMANT Alice Brackenridge mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove Cem DATE Nov. 1 1937

19. UNDERTAKER Guyon - Leders

(ADDRESS) Colorado Springs Mo.

20. FILED Nov. 1, 1937 Mrs. J. W. Richardson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1937, to 10-30 1937

I last saw him alive on 10-30 1937. Death is said

to have occurred on the date stated above, at 10:30 p.m.

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

Carcinoma of spine

Date of onset

Other contributory causes of importance:

Caused a general paralysis

Name of operation None Date of

What test confirmed diagnosis? X-ray exam. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) J. W. Richardson, M. D.

(Address) W. J. R. - Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

