NOV 24 1937

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

Do not use this space.

File No. 38894

Registered No. 173

1. PLACE OF DEATH

County Saline

Township ~~Marshall~~

City Marshall, Mo. (No. ....., ... St. ..... Ward)

Registration District No. 7961

Primary Registration District No. 3038

2. FULL NAME Eva May Brayman

(a) Residence, No. 155 So. Benton St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ James H. Brayman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	58	I	6	

OCCUPATION

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) .....

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

FATHER

13. NAME Alonzo A. Alspach

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

MOTHER

15. MAIDEN NAME Margaret McMurtree

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

17. INFORMANT (ADDRESS) Mrs. Frank Smith Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridge P. Cemetery DATE Oct. 20, 1937

19. UNDERTAKER (ADDRESS) J. L. Sweeney Marshall, Mo.

20. FILED 10-19, 1937 [illegible], M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to Oct 18, 1937. I last saw her alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 12:45 P.M.

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

	Date of onset
Ch Ascending Paralysis	?

Other contributory causes of importance:

Ch Arthritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) [illegible], M. D.

(Address) Marshall, Mo.

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