

DEC 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DeKalb
 Township Dollar
 City _____ (No. _____)

Registration District No. 263
 Primary Registration District No. 5366

File No. 41129
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Wm Wheeler Bratcher

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

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. (If nonresident, give city or town and State)

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 A. J. Bratcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 11 20

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. Farmer.
 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) Ky.13. NAME Simion Bratcher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina15. MAIDEN NAME Jane Wheeler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina17. INFORMANT Rose Bratcher18. BURIAL, CREMATION, OR REMOVAL Pattonsburg Mo19. UNDERTAKER E. S. Grover20. FILED 12-18 1937 James Fitzgerald Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-37 19

22. I HEREBY CERTIFY, That I attended deceased from July 10 1937 to Oct 1 1937
 I last saw him alive on Oct 1 1937 Death is said to have occurred on the date stated above, at 1 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma, Peritoneal Date of onset _____

Other contributory causes of importance:

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 _____
 (Signed) James Fitzgerald _____, M. D.
 (Address) Pattonsburg Mo

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

