

JAN 24 1938

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

Do not use this space.

46498

1. PLACE OF DEATH

County Ripley
Township Pratt
City Current River (No. 1)

Registration District No. 750Primary Registration District No. 5986File No. 15Registered No. 1501

2. FULL NAME

(a) Residence, No. Charley Valentine Brasschler St. Pratt Ward. 1
(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 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 Ella Clayton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 0 5

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. for self
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Earnest Brasschler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas15. MAIDEN NAME Eliz. Deich16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT P. D. Brasschler (ADDRESS) Douphan18. BURIAL, CREMATION, OR REMOVAL PLACE Pratt Cem. DATE 11-28-37, 1919. UNDERTAKER Jordan Douphan (ADDRESS)20. FILED 11-28-37 E. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-37, 19

I HEREBY CERTIFY, That I attended deceased from January 20, 1936 to November 27, 1937
I last saw him alive on November 26, 1937. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Gastric hemorrhage Date of onset

NO

Other contributory causes of importance:

Primary Carcinoma of stomach about five years duration

Name of operation none Date of none
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?

If so, specify Stomach (Signed) J. E. Williams M. D.
(Address) Douphan, Mo.

(ADDRESS)

FILED