

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

Do not use this space.

27

1. PLACE OF DEATH
 81 County Phelps Registration District No. 678
 3 Township _____ Primary Registration District No. 4404
 0 City St James mo (No. _____) St. _____ Ward _____
 2. FULL NAME Marena A Braustetter 652
 (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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3758
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonah Braustetter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-11-1887
 7. AGE YEARS 78 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) 6-15-37 11. Total time (years) spent in this occupation 50.72
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps mo
 13. NAME Thos Montgomery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Kenton
 15. MAIDEN NAME Mary J Vaughan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps
 17. INFORMANT D S Braustetter (ADDRESS) St James mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Braustetter cem DATE 1-28 1938
 19. UNDERTAKER W E Locklander (ADDRESS) St James mo
 20. FILED 1-28-1938 Mrs. W. R. Hawk Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan - 1937 to Jan 26 - 1938
 I last saw her alive on Jan 26 - 1938 Death is said to have occurred on the date stated above, at 12:00 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 1-26-38
 Other contributory causes of importance:
Calculus heart disease 1936
 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) William H. Freyer, M. D.
 (Address) St James, Mo

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.

RECEIVED

FEB 28 1938

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