WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Bollinger
Township Lorence
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1006
Primary Registration District No. 5102A

File No. 13977
Registered No. .....

2. FULL NAME John Brauer
(a) Residence, No. Near Leopold, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March I, 1860

7. AGE: YEARS 78 | MONTHS | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME Don't know 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary Seiler Laflin Mo. R.R.#I

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glennon, Mo. DATE March 18, 1938

19. UNDERTAKER (ADDRESS) Baker Funeral Home Lutesville, Mo. By [illegible]

20. FILED 5-1, 1938 Willie Dale Auburg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938 to Mar. 16, 1938
I last saw him alive on May 12, 1938. Death is said to have occurred on the date stated above, at 7:00P m.
The principal cause of death and related causes of importance were as follows:

Diabetis and Cardiac Dropsy.

Date of onset

Other contributory causes of importance: 59.
None

Name of operation No operation Date of —
What test confirmed diagnosis? Urinalysis Was there an autopsy? Phys Exam.

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) J. M. Finney, M. D.
866 (Address) Laflin