

REC'D JUL 7 1924

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

Do not use this space.

1. PLACE OF DEATH

County Morgan
Township Osage
City Proctor (No. _____, St. _____ Ward _____)

Registration District No. 597
Primary Registration District No. 5795

File No. 22491
Registered No. _____

2. FULL NAME Louise A Braden 635

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Wm H Braden

8. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41

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. 14

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

12. BIRTHPLACE (CITY OR TOWN) Proctor Mo
(STATE OR COUNTRY) Morgan

FATHER 13. NAME W. M. Mc Ginnis

14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louise Moore

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

17. INFORMANT Alma Hildebrand
(ADDRESS) Folsom California

18. BURIAL, CREMATION, OR REMOVAL
PLACE Proctor Mo DATE Aug 12

19. UNDERTAKER Kidwell Versalle
(ADDRESS) Mo

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1924

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1924, to Aug 15, 1924.
I last saw her alive on Aug 15, 1924. Death is said to have occurred on the date stated above, at 4 P. m.

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

Bronchial pneumonia Date of onset 8/6/24

Complicating

Puerperal fever

Other contributory causes of importance:

Puerperal fever 3rd

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 _____

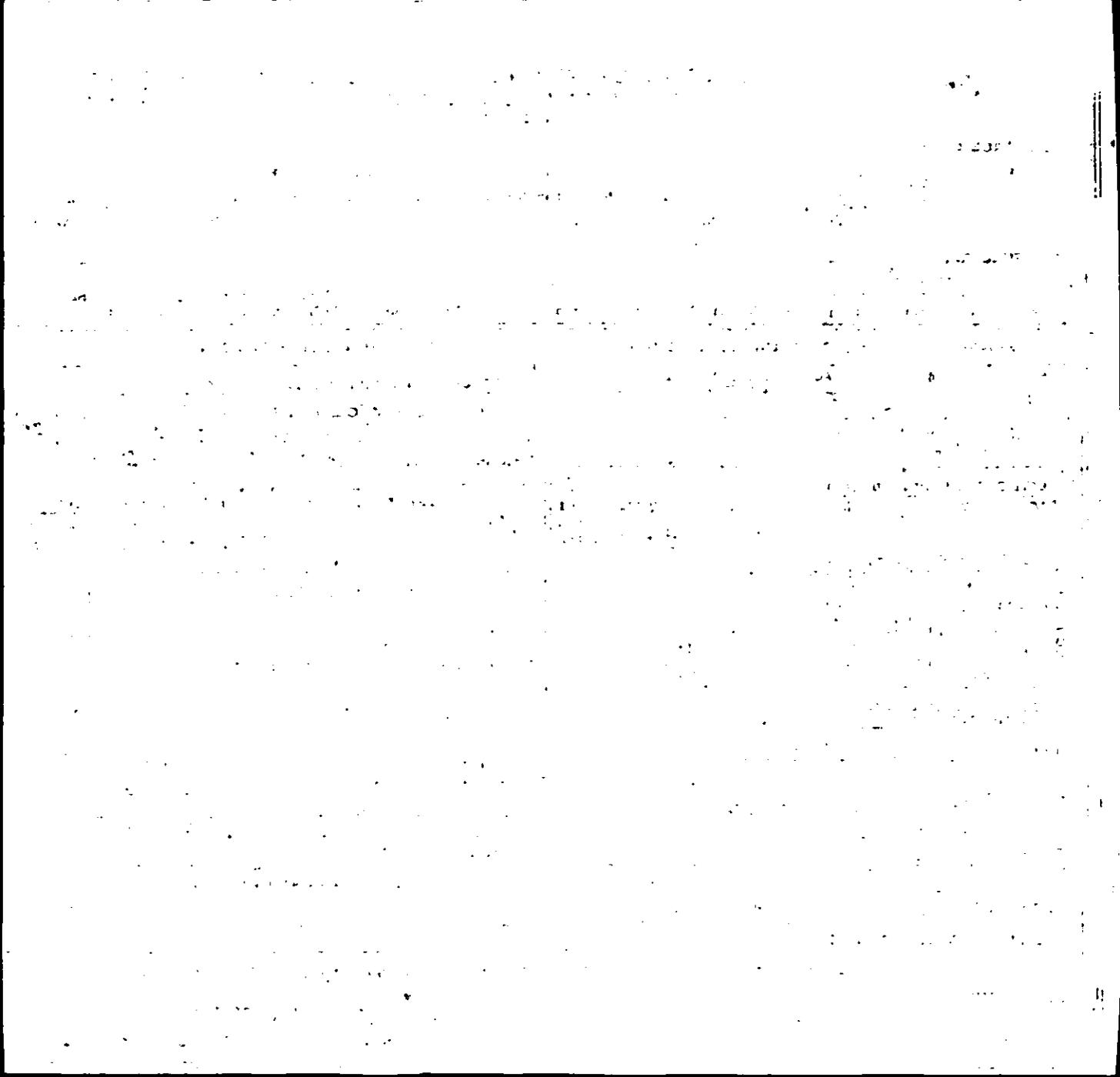
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify W. G. Swan, M. D.
(Signed)

(Address) Versalle Mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22491

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 597
 (b) Township Osage Primary Registration District No. 5795- Registered No. _____
 (c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Braden

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vince N. Braden

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	41	5	13	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as 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) Proctor Mo
(STATE OR COUNTRY) Morgan

13. NAME Wm Mc Summ

14. BIRTHPLACE (CITY OR TOWN) Proctor Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Louise Moore

16. BIRTHPLACE (CITY OR TOWN) Proctor Mo
(STATE OR COUNTRY)

17. INFORMANT Alma Wildefrand
(ADDRESS) Tulsa, California

18. BURIAL, CREMATION, OR REMOVAL PLACE Proctor Mo DATE Aug 12

19. FUNERAL DIRECTOR Reduel Verhelle
(ADDRESS)
 20. FILED 8-22-38 H. Plattner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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Complicating purpural fever 8.6.24
 Other contributory causes of importance: Purpural fever 3 days

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) W. S. Jones M. D.
 (Address) Verhelle

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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