REC'D JUL 11 1938

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

Do not use this space.

23089

File No.

Registered No.

1. PLACE OF DEATH
County Shannon
Township Winona
City (No. St. Ward)
Registration District No. 873
Primary Registration District No. 6074

2. FULL NAME Dale Brawley 6 4 11

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11. 1938

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 4 | 4 | |

OCCUPATION

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.

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) Shannon Co Mo

FATHER

13. NAME C. N. Brawley Mo

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

MOTHER

15. MAIDEN NAME Nora Faye Smith

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

17. INFORMANT (ADDRESS) C. N. Brawley Winona Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion Cemetery DATE June 16 1938

19. UNDERTAKER (ADDRESS) W. C. Gray Van Buren Mo

20. FILED 6-17-1938 Mabel Coleen
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... 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:

| | Date of onset |
|---|---|
| Acute Generalized Peritonitis | |
| Patient - Poplar Bluff Mo Hospital | |
| Returned Labor 3 wks ago. | |
| Other contributory causes of importance: | |
| Bacillary Dysentery | |

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) Frank Taylor Co Physician M. D.

745 (Address) Eminence 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.