REC'D SEP 20 1938

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

Do not use this space.

29110

1. PLACE OF DEATH
County Jackson
Township Brooking
City Raytown (No. 1/2 mi. No. Raytown Mo. on Blue Ridge Blvd. St. ..... Ward)
Registration District No. 403-18
Primary Registration District No. 5557
File No. .....
Registered No. .....

48

2. FULL NAME Lester Brackenbury, 625
(a) Residence No. Raytown, 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 40 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 Mrs. Cora Brackenbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1862

7. AGE: 75 YEARS, 6 MONTHS, 24 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Benardino California

FATHER
13. NAME John W. Brackenbury
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Illinois

MOTHER
15. MAIDEN NAME Samantha Daley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Benardino California

17. INFORMANT (ADDRESS) Mrs. Cora Brackenbury Raytown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE July 17 1938

19. UNDERTAKER (ADDRESS) George C. Carson Independence, Mo.

20. FILED 7/16 1938 D. M. Eubank Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1938, to 7-15, 1938
I last saw h. alive on 7-15, 1938. Death is said to have occurred on the date stated above, at 11:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-12-38
8241	

Other contributory causes of importance:

Senility	10 yrs.
Arterio sclerosis	11 yrs.
Hypertension	5 yrs.

Name of operation none 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? No 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) D. M. Eubank, M. D.
(Address) Raytown, Mo.