

DECD OCT 18 1938

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

31562
Do not use this space.

1. PLACE OF DEATH
(a) County Adair Registration District No. 978
(b) Township Liberty Primary Registration District No. 5008 Registered No. 179
(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 Edna Emma Bragg
(a) Residence, No. Narrow mo St. (If nonresident, give city or town and State)

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) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abbie Bragg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1886
7. AGE YEARS 52 MONTHS 6 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1938
22. I HEREBY CERTIFY That I attended deceased from Aug 1st 1938 to Sept 26, 1938
I last saw her alive on Sept 19, 1938 Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes, of importance were as follows:

OCCUPATION

carcinoma of
breast

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Mo.
13. NAME James Riphawk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judy
15. MAIDEN NAME Marawa Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT A. C. Bragg
(ADDRESS)

Other contributory causes of importance: 47/2
Name of operation _____ Date of _____
What test confirmed diagnosis? Spec Was there an autopsy? no

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinhookton DATE Sept 28, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sumner H. Lindbaugh
Hicksville, Mo
20. FILED Oct 10, 1938 Spencer Freeman
Local Registrar.

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) R. H. Beebe, M. D.
(Address) Hicksville, Mo

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

District Health Officer No. 10

District File Number 10-38-223

Date Filed 10-11-38

E. E. Q

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

W. C. Sumner

or by

Registered Apprentice No., working under my personal supervision.

Signed W. C. Sumner

Licensed Embalmer No. 2159

P. O. Address Tricksville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.