

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

Dr. Wetzel
32262
Do not use this space.

REC'D OCT 2 1938

1. PLACE OF DEATH
 (a) County Greene Registration District No. 316
 (b) Township S. Canfield Primary Registration District No. 15440 Registered No. 694
 (c) City Springfield, Mo. Street No. Osteopathic Hospital St.
 (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 Ms. Amanda Bratcher
 (a) Residence, No. Salt Worth Texas St. North Texas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm. Bratcher Dec
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1862
 7. AGE YEARS 76 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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) (STATE OR COUNTRY) Raleigh North Carolina
 FATHER
 13. NAME W.K.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.K.
 MOTHER
 15. MAIDEN NAME W.K.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.K.
 17. INFORMANT (NAME) (ADDRESS) Mrs. Carol Wright Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Worth, Sept. 10 - 38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Thomeyer Springfield, Mo.
 20. FILED Sept 9, 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Aug 8, 1938, 1938
 I last saw her alive on Aug 8, 1938. Death is said to have occurred on the date stated above, at 10:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Malaria
28
 Other contributory causes of importance:
Empyema of base
pleurisy
 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) Wetzel (Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.