

NO 25 1888

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Richland
City Hiram (No. 1)

Registration District No. 722
Primary Registration District No. 5733

File No. 36592
Registered No. 9

2. FULL NAME

(a) Residence, No. 1 St. Hiram Ward. Willis Bramhall

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Bramhall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6, 1868</u>		
7. AGE <u>70</u>	YEARS <u>3</u>	MONTHS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>
10. Date deceased last worked at this occupation (month and year) <u>Sept 1, 1937</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co Mo</u>		
13. NAME <u>Robert M. Bramhall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>		
15. MAIDEN NAME <u>Mary R. Perkins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>		
17. INFORMANT <u>Carl Bramhall</u> (ADDRESS) <u>Unionville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville</u> DATE <u>Oct 8, 1938</u>		
19. UNDERTAKER <u>Emstach Merc Co</u> (ADDRESS) <u>Unionville, Mo.</u>		
20. FILED <u>Oct 10, 1938</u> <u>W M Hill</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938 to Oct 5, 1938

I last saw him alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 9:30 P. M.

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

Other contributory causes of importance:
51

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) J. H. Johnson M. D.
(Address) Unionville, Mo.

