

DEC 19 1938

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

29381
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 398
(b) Township Blue 1 Primary Registration District No. 554
(c) City Manassas (d) Street No. 8817 Smart 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.

Registered No. 307

2. PRINT FULL NAME

Franklin Theodore Bronson
(a) Residence, No. 8817 Smart St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Bronson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 - 1875
7. AGE YEARS 63 MONTHS 1 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Circleville Kansas

FATHER 13. NAME Hiram Bronson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn

MOTHER 15. MAIDEN NAME Mary E. Finston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kansas

17. INFORMANT (ADDRESS) Mrs. Mary Jane Bronson 8817 Smart

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Grove DATE Nov. 14 1938

19. FUNERAL DIRECTOR (ADDRESS) George G. Bronson Independent Ave

20. FILED 11-15-38 J. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1938 to 11/11 1938

I last saw him alive on 11/9/1938. Death is said to have occurred on the date stated above, at 1:40 PM.

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

Acute Dilatation of Heart
Date of onset _____
JOA

Other contributory causes of importance: Cerebral Hemorrhage Arterio Sclerosis 10/24/38 annual year

Name of operation none Date of _____
What test confirmed diagnosis Plumeral 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? no

If so, specify _____ (Signed) W. Connelly Jackson M. D.

(Address) 6520 Indef. Ave 360

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)