

FEB 6 1939

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

2027
Do not use this space.

1. PLACE OF DEATH
 (a) County Clinton, Registration District No. 204
 (b) Township _____ Primary Registration District No. 3013 Registered No. 2
 (c) City Cameron, (d) Street No. _____ 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 Minnie Bratton.
 (a) Residence, No. Cameron, Mo. Mer 2nd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Bratton.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 19, 1872.

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>66</u>	<u>9</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Housewife

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) Mercer Co. Missouri.

FATHER

13. NAME Abijah Hobbs.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known,

MOTHER

15. MAIDEN NAME Mahala Hobbs.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT William Bratton. (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland Cemetery, Jan. 7 1939.

19. FUNERAL DIRECTOR Lyle C. Allen, (ADDRESS) Cameron, Mo.

20. FILED Jan 7th 1939 W. B. Kelly Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1938, to Jan 5 1939
 I last saw her alive on Jan 5 1939 Death is said to have occurred on the date stated above, 8, 30. P.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis - lungs

Other contributory causes of importance: 22'

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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. B. Kelly M. D.
 (Address) Cameron, Mo

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, Lyle C. Allen, Licensed Embalmer No. 824

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

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Lyle C. Allen
Licensed Embalmer No. 824

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.)