

ESD JUN 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No. 17864

Township

Primary Registration District No. 3001

Registered No. 1177

City Yerkesville

(No. Yerkesville Hospital St. 4 Ward)

2. FULL NAME Alexander Douglas Bragg

(a) Residence, No. 622

St. La Plata, Mo.

Ward.

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Bragg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1861

7. AGE

YEARS 77

MONTHS 11

DAYS 1

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, 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) Mo

13. NAME Benjamin Bragg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky

15. MAIDEN NAME Ann Bragg

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

17. INFORMANT Geo Bragg

(ADDRESS) La Plata, Mo

18. BURIAL, CREMATION OR REMOVAL

PLACE La Plata

DATE May 10

1939

19. UNDERTAKER Wm Christie

(ADDRESS) La Plata, Mo

20. FILED May 12 1939

Spencer E. Freeman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1939

22. I HEREBY CERTIFY, That I attended deceased on

May 8, 1939, to 19

I last saw him alive on May 8, 1939 Death is said

to have occurred on the date stated above, at 7:00 p.m.

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

Gun shot wound of face + head Date of onset 5-8-39

Other contributory causes of importance:

Brain injury + shock 5-8-39

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? suicide Date of injury 5-8, 1939

Where did injury occur? Macon County, Missouri

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on farm

Manner of injury Gun shot .410 gauge shotgun

Nature of injury shot off right portion of side of face

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

3 (Signed) George E. Green, M. D.

(Address) Yerkesville, 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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-39-1121

Date Filed JUN 15 1939