WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JUL 14 1939

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

Do not use this space.

21875

1. PLACE OF DEATH
County Clay
Township
City Holt (No. 40, 4119 St. Ward)
Registration District No. 199
Primary Registration District No. ~~5279~~
File No.
Registered No.

24 3 0 656

2. FULL NAME Harriet Brawner

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: John Henry Brawner.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 25. 1855

7. AGE: YEARS 83 MONTHS 7 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housekeeper.
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): Haynesville, Mo.

FATHER
13. NAME: Waller Holman.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): E. Ray Co. Mo.

MOTHER
15. MAIDEN NAME: Willie Jane Riley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.

17. INFORMANT (ADDRESS): Don J. Brawner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Converse DATE 19

19. UNDERTAKER (ADDRESS): DeMoss Crunk Lathrop, Mo

20. FILED 6/28, 1939 W. A. McGee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1939, to 6-27, 1939
I last saw her alive on 6-26, 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal infection	6-20-39
1230	

Other contributory causes of importance:
Intestinal parasis. 6-22-39

Name of operation Date of
What test confirmed diagnosis? Clinical 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) E. B. Dunkerson, M. D.
181 (Address) Lathrop Mo

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 7/14/39