

JUL 8 1939

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

23073
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
(b) Township Orwick Primary Registration District No. 5990
(c) City _____ (d) Street No. _____ Registered No. 17
(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 William J. Brasher

(a) Residence, No. Ray Co. St. (Usual place of abode, if no street address, write county or city) (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 (write the word) Widowed
5A. IF MARRIED (WIDOWED) OR DIVORCED HUSBAND OF (OR WIFE OF) Nellie Wilson (Brasher)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1870
7. AGE YEARS 69 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant
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) Ray County, Mo.

FATHER 13. NAME Benjamin Brasher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co.

MOTHER 15. MAIDEN NAME Roberta Ralph

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co.

17. INFORMANT (ADDRESS) Hazel Cook
Orwick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE South Pt. DATE 6/24/39

19. FUNERAL DIRECTOR (ADDRESS) Linton L. Son
Orwick, Mo.

20. FILED 6/25/39 W. Campbell, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on about, 19____. Death is said to have occurred on the date stated above, at 11 P. m.

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

Evidently Suicide by drowning

Date of onset

Other contributory causes of importance: 166

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? Suicide Date of injury June 20, 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Stream, South of Orwick, Mo.

Manner of injury Drowning

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) G.W. Gaines M. D.

(Address) Richmond, Mo.

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, C. W. Gibson, Licensed Embalmer No. 2299

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

L. E.

No. or by C. W. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed C. W. Gibson

Licensed Embalmer No. 2299

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.)