

AUG 3 1939

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

25491

Do not use this space.

1. PLACE OF DEATH

(a) County De Kalb Registration District No. 263
(b) Township Dallas Primary Registration District No. 5366
(c) City or _____ (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

America Jane Bratches
(a) Residence, No. _____ 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Bratches (decd)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1856
7. AGE YEARS 83 MONTHS 5 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) De Kalb Co Mo (STATE OR COUNTRY) Mo13. NAME Jorden Groomer14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) ?15. MAIDEN NAME not known

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

17. INFORMANT Roscoe Bratches (ADDRESS) Pattersonburg Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Pattersonburg Mo DATE July 12, 193919. FUNERAL DIRECTOR (NAME) G S Groomer (ADDRESS) Pattersonburg Mo20. FILED Aug 1, 1939 James Fitzgerald Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1939, to July 10, 1939
I last saw her alive on June 21, 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic insufficiency
Date of onset _____

Other contributory causes of importance: gum

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? _____ 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? _____

If so, specify _____

(Signed) J. Frank Hedges, M. D.(Address) Pattersonburg

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.

RECEIVED
D. H. HARRIS
839-942
AUG 2 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *G. L. Gromer*
Licensed Embalmer No. 2857
P. O. Address *Pattersonburg Mo*

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.)
If this body is not embalmed, above space should be left blank.