

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.

FILED JUL 12 1940

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

18999

Do not use this space.

1. PLACE OF DEATH

(a) County Merced Registration District No. 556
(b) Township Morgan Primary Registration District No. 4318
(c) City Princeton (d) Street No. 25
(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

(a) Residence, No. James Braman Princeton, MO. St. Mo.
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1852
7. AGE YEARS 88 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Tennessee
13. NAME James Braman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
15. MAIDEN NAME Loe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Harry Klinger
Princeton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE May 19, 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meier
Princeton, Mo

20. FILED 5/17, 1940 J. M. Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940 to May 17, 1940

I last saw him alive on May 15, 1940 Death is said

to have occurred on the date stated above, at 10:10 AM

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

Apoplexy
Aphasia 82 in
Date of onset 5/14-40
5/15-40

Other contributory causes of importance:
Complete paralysis of
Larynx, Pharynx, &
Degeneration muscles
no sleep

Name of operation no sleep Date of 7/6
What test confirmed diagnosis? no sleep Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no
(Specify city or town, county, and State)

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

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) J. M. Perry M. D.
(Address) Princeton, MO

RECEIVED

District Health Officer No. 11,

District File Number

640-801

Date Filed

JUN 3

1948

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

me.

Registered Apprentice No. working under my personal supervision.

Signed

Roll Mass

Licensed Embalmer No.

2634

P. O. Address

Princeton Ms

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.