S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22937

State File No.

Registration District No. 799 Primary Registration District No. 4479 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Slater (If outside city or town limits, write "RURAL")

(d) Street No. 836 Jenkins St (If rural, give location)

(e) If foreign born, how long in U.S.A.? ✓ years.

3. (a) PRINT FULL NAME Willie Wesley Brame

3. (b) If veteran, name war ✓

3. (c) Social Security No. 44-017-9410

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mammie Brame

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 16 1886 (Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 2 If less than one day hr. min.

9. Birthplace near Fredericksburg - Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name William Brame
13. Birthplace Boyton - Mecklenburg Co (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Willie Mallory
15. Birthplace Charlottesville - Albemarle (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mammie Brame

(b) Address Slater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 40 (Month) (Day) (Year)

(c) Place: burial or cremation Slater City

18. (a) Signature of funeral director Jones & Salper

(b) Address Slater Mo

19. (a) 6 20 40 (Date received local registrar) (b) W. M. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1940 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from May 13, 1940, to June 18, 1940; that I last saw him alive on June 17, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Thrombosis	seconds
Due to Phlebitis	6-5-40
Due to Sprain Left Ankle	5-13-40
Other conditions (Include pregnancy within 3 months of death)	

186 A

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Sprained ankle

(b) Date of occurrence 5-13-40

(c) Where did injury occur? Slater (City or town) Saline (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? Yes (e) Means of injury Fell from roof

23. Signature C. A. McBurney (M. D. or other)

Address Slater Date signed 6-19-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 7-12-40
Date Filed

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 Jas E Jones

Licensed Embalmer No. 314

P. O. Address Slater Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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