

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

Do not use this space.

1. PLACE OF DEATH

County Atchison
Township Baly
City Fairfax (No. 2)

Registration District No. 17
Primary Registration District No. 5022

File No. 38019
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Charles Henry Braks
(a) Residence, No. Fairfax St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | |
| | | 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura E. Braks</u> | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7, 1854</u> | | | |
| 7. AGE | YEARS <u>86</u> | MONTHS <u>6</u> | DAYS <u>3</u> |
| | If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u> | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Nov. 1, 1931</u> | | |
| | | 11. Total time (years) spent in this occupation <u>40 yrs</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thaypsville Kentucky</u> | | | |
| FATHER | 13. NAME <u>Charles Henry Braks</u> | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown England</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Julia Ann Sooley</u> | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u> | | |
| 17. INFORMANT <u>Mrs. Laura E. Braks</u> (ADDRESS) <u>Fairfax, Mo.</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Walkup Grove</u> DATE <u>Nov. 7, 1940</u> | | | |
| 19. UNDERTAKER <u>Behagler's Funeral Home</u> (ADDRESS) <u>Fairfax, Mo.</u> | | | |
| 20. FILED <u>Nov. 6, 1940</u> <u>Hetta D. Black</u> Registrar. | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3-40 1940

22. I HEREBY CERTIFY That I attended deceased from Green - 1031 Nov 3 1940
I last saw him alive on Oct - 29 1940 Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
Date of case Jan 7-1940

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis None 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? _____
If so, specify _____
(Signed) Queen Hunter M. D.
(Address) Fairfax, Mo.

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 DEC 10 1940

