No. 4-13 5-17-

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17643

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 59

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Bramble
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Bramble
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Dec. (Month) 18 (Day) 1864 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 5 | 8 | hr. ..... min. |

9. Birthplace — (City, town, or county) Ky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
MOTHER FATHER
12. Name John Bramble
13. Birthplace — (City, town, or county) Ky (State or foreign country)
14. Maiden name Mary Brown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Walton Bramble
(b) Address Marshall Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lucas Memorial
18. (a) Signature of funeral director Campbell-Lunn
(b) Address Marshall Mo.
19. (a) 5-22-41 (Date received local registrar) (b) D. C. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from 5-5-41 May 5, 1941, to May 21, 1941, that I last saw him alive on May 21, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchopneumonia | 1 day |
| Due to Carcinoma of Vertebrae | ? |
| Due to Carcinoma of chest wall | ? |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy Destruction of 4th thoracic Vertebrae

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo W. Blankenship (M.D. or other) M.D.
Address Boonville Mo Date signed 5-21-41

(Licensed Embalmer's Statement on Reverse Side)

55

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-41

## 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. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall Mo

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

**If this body is not embalmed, fact should be so stated above.**

S. No. 2B
00—4-25-41
I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17643

Registration District No. 218 Primary Registration District No. 3015 Registrar's No.

SUPPLEMENTARY

**1. PLACE OF DEATH:**

(a) County Cooper

(b) City or town Boonville (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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Geo Bramble

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 21 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio Pneumonia

Due to Carcinoma of Vertebra

Due to Carcinoma of Chest Wall

Other conditions (Include pregnancy within 3 months of death) Sections of metastasis in spine and Papillary adenocarcinoma suggestive of originating in the G.U. track.

Major findings: Of operation Primary site unknown

Of autopsy Destruction of 4 thoracic Vertebra

Duration

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)

(b) Date of occurrence

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

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

While at work? (e) Means of injury

23. Signature Geo. W. Blankenship M.D. (M.D. or other)

Address Boonville Mo. Date signed 9-28-41

S-17643