

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

Do not use this space.

9730

FILED MAR 31 1943

1. PLACE OF DEATH

12 County Butler

Registration District No. 43

File No. _____

Township _____

Primary Registration District No. 3007

Registered No. 701

City Pollard Bluff

(No. 112d)

N.O. Main - Brandon Hospital

2. FULL NAME

Billie Ray Brawner

(a) Residence, No. Pollard Ark. Rt. 1 St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

1 7 1

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, 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) Supply, Ark. 1

13. NAME Claude Brawner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pollard, Ark. 1

15. MAIDEN NAME Edith Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pollard, Ark. 1

17. INFORMANT (ADDRESS) Claude Brawner

18. BURIAL, CREMATION, OR REMOVAL PLACE Cummings Chapel Mar 2, 1943

19. UNDERTAKER (ADDRESS) W.H. Only Funerals

20. FILED 3-21-43 19 Belle Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1943 to Mar 1, 1943

I last saw h.i.m. alive on Feb. 28, 1943 Death is said

to have occurred on the date stated above, at 2:40 p.m.

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

Broncho Pneumonia Date of onset 2-26-43

Other contributory causes of importance: Measles 35 2-20-43

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? No

If so, specify _____

(Signed) W.H. Only M. D.

(Address) Pollard Bluff, Mo.

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.

100M-5-2-43

RECEIVED

District Health Office No. 2,

District File Number 313-411

Date Filed 2-20-43

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