

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

Do not use this space.

40349

JAN 29 1929

1. PLACE OF DEATH

County Henry
Township Clinton
City New Clinton (No.)

Registration District No. 347
Primary Registration District No. 5488

File No.
Registered No. 150
St. Ward)

2. FULL NAME Kathryn E Braum

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) in home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kuttentberg
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Adam Geo Rencher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mo E P Williams
(Address) Clinton Mo

15. Dec 31 18 Dr. E. O. Peeler
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 24 1928 to Dec 27 1928, and that I last saw her alive on Dec 27 1928, and that death occurred, on the date stated above, at 4:1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

11A
112
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Asthma
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. P. Russell M. D.
Dec 29, 1928 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Dec 26 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton

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.

