

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

Do not use this space.

27550

1. PLACE OF DEATH

County Henry
Township _____
City Clinton Mo (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 105
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 209 N. Carter 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 | 7 | 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miller in flower mill
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Rudolph Bratzler

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Albert Bratzler
(Address) Clinton - Mo

15. FILED Aug 26 19 29 Dr. E. C. Reeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 1929, to Aug 22, 1929, that I last saw him alive on 8-22, 1929, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of prostate gland
5 1/2 (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-21 29

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. Walker, M. D.

8-22, 1929 (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 Aug 24 19 29

20. UNDERTAKER Spore & Son ADDRESS Clinton 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.
 1929
 42
 4
 7
 64
 10
 31
 Mch

