

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.

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

Do not use this space.

36318

1. PLACE OF DEATH

County Henry
Township Davis
City Clinton R.F.D. (No.)

Registration District No. 355
Primary Registration District No. 5497

File No.
Registered No. 7
St. Ward

2. FULL NAME

Ida Gene Bramell

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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) Sept. 24, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper

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) mo.

13. NAME Washington Bramell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newhaven
mo.

15. MAIDEN NAME Louisa Ann Cole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newhaven
mo. Franklin

17. INFORMANT Dave Bramell
(ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stones Chapel DATE Nov. 22, 1933

19. UNDERTAKER J. Hampton
(ADDRESS) Newark mo

20. FILED 11-29 1933 W.E. Baggely
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Nov 20, 1933

I last saw h. ex. alive on Nov 15, 1933. Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Pericardial aneurysm
Pericardial aneurysm
with mural organization
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) J. R. Hampton, M. D.

(Address) Clinton mo

