

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.

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

Do not use this space.

JAN 26 1934

1. PLACE OF DEATH
 42 County Henry Registration District No. 352
 Township Bear Creek Primary Registration District No. 5494
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Roy Bramell
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 39860
 Registered No. 20

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) March 25 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>15</u>	<u>9</u>	<u>3</u>	

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

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

FATHER
 13. NAME Russell O. Bramell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER
 15. MAIDEN NAME Nannie Whitfield
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Russell Bramell
 (ADDRESS) 225 P. Water mo #1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stone Chapel DATE 12-31 33

19. UNDERTAKER F. Tennant
 (ADDRESS) Montrose mo

20. FILED Dec 30 1933 J. M. Miller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-28 1933 to 4-12 32
 I last saw him alive on 4-12 32. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
Chronic rheumatic pericarditis Date of onset 1921
90A
90
 Other contributory causes of importance _____
 Name of operation none 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) W. E. Baggerly, M. D.
 (Address) Montrose mo

