

1 1928

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

Do not use this space.

13026

1. PLACE OF DEATH

County Henry  
Township Windsor  
City Windsor (No. ....)

Registration District No. 172  
Primary Registration District No. 11

File No. ....  
Registered No. 18  
St. .... Ward)

2. FULL NAME

Harrison Sylvester Braden

(a) Residence. No. 600 So Franklin St., 3 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18, 1868

7. AGE YEARS MONTHS DYS IF LESS than 1 day, hrs. or min. 59 | 7 | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) none  
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Mo.

10. NAME OF FATHER John W. Braden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Manda Conyell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo.

14. INFORMANT Myrtle Braden  
(Address) Windsor Mo.

FILED 6 188 1928 Windsor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 4 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 25 1928 that I last saw him alive on Apr 4 1928, and that death occurred, on the date stated above, at Windsor Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Regurgitation

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? no DATE OF None

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) H. J. Jennings M. D.  
Address Windsor

\*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 Windsor Mo. DATE OF BURIAL Apr 6 1928

20. UNDERTAKER J. A. Honsey ADDRESS Calhoun 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.

