

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

Do not use this space.  
28134  
229

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 3032 File No. 28134  
City Sedalia (No. 813) St. Ward Registered No. 229  
2. FULL NAME Shirley May Braden  
(a) Residence No. 7 St. W Ward. Single (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) Mar 28 1927  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 4 17  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer  
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO  
10. NAME OF FATHER F. A. Braden  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO  
12. MAIDEN NAME OF MOTHER Lula Bryan  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO  
14. INFORMANT F. A. Braden  
(Address) Sedalia MO  
15. FILED 9-31-28 19. J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1928  
17. I HEREBY CERTIFY, That I attended deceased from Aug 13 1928 to Aug 15 1928, 1928  
that I last saw h. alive on Aug 14 1928, and that death occurred, on the date stated above, at 7 m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho-Pneumonia  
Pertussis (duration) yrs. mos. 7 da.  
CONTRIBUTORY (SECONDARY) Pertussis (duration) yrs. mos. 30 da.  
18. WHERE WAS DISEASE CONTRACTED  
NOT AT PLACE OF DEATH... X  
DID AN OPERATION PRECEDE DEATH... no DATE OF ✓  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS... X  
(Signed) W. B. ... M. D.  
, 19 (Address) Sedalia 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 Sedalia MO DATE OF BURIAL Aug 17 1928  
20. UNDERTAKER Guessie ADDRESS Sedalia

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.

