

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

Do not use this space.

20177

**1. PLACE OF DEATH**

County Sodaway  
Township.....  
City Maryville (No.....)

Registration District No. 626  
Primary Registration District No. 3031

File No.....  
Registered No. 58  
St..... Ward.....

**2. FULL NAME**

Florence M Bramble

(a) Residence. No..... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Hamilton Bramble  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 20 1892  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 6 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(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) Stidmore Mo

PARENTS

10. NAME OF FATHER J R Fullerton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill  
12. MAIDEN NAME OF MOTHER Ethara Acton  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT (Address) J R Fullerton  
Stidmore Mo

15. FILED 6-25-30 C. P. Fryer REGISTRAR  
mcc

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930  
17. 13th HEREBY CERTIFY, That I attended deceased from June 1930, to June 23 1930, and that I last saw her alive on June 23 1930, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute parenchymatous nephritis, acute myocarditis, acute hydrophosia  
(duration) 12 yrs. 3 mos. 3 da.

CONTRIBUTORY (SECONDARY) 12 yrs. 3 mos. 3 da.  
(duration) 12 yrs. 3 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED? Mound City, Mo.  
IF NOT AT PLACE OF DEATH? no  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory  
(Signed) Chas. J. Bell M. D.  
, 19 (Address) Maryville, 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 Stidmore Mo DATE OF BURIAL June 25 1930

20. UNDERTAKER Priece Frank ADDRESS Maryville Mo



requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Florence M. Bramble

Who died at: Maryville, Mo on June 23, 1930,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_ 128

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Acute Parenchymatous Nephritis, Acute Myocarditis, acute Hydronephrosis.

Contributory: No - Not a puerperal case.

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

Name of physician: Chas. J. Bell,

Address of physician: Maryville, Mo.

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