

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

Do not use this space.

30145

1. PLACE OF DEATH

County Jackson Registration District No. 390
 Township Raw Primary Registration District No. 390
 City Kansas City Mo. (No. 5124) Paseo St. 3053 Ward

File No. _____
 Registered No. 3053
 St. 3053 Ward

2. FULL NAME

Charles W. Brayton
 (a) Residence, No. 5124 Paseo St. P Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Pat M. Brayton</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-11-1984</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>9</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Salesman</u> <u>51</u> <u>33</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) _____				
(c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) Lake Mills
 (STATE OR COUNTRY) Wisconsin

PARENTS	10. NAME OF FATHER <u>Salinton W. Brayton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	12. MAIDEN NAME OF MOTHER <u>Fowler</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>	

14. INFORMANT Mrs Pat M. Brayton
 (Address) 5124 Paseo

15. FILED 9/28 1930 M. M. Crowe REGISTRAR
Gen

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to Sept 28, 1930
 that I last saw him alive on Sept 28, 1930, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enlarged & bleeding kidney
I believe it was cancer but
could not verify diagnosis
5 1/2 yrs. (duration) yrs. mos. ds.

CONTRIBUTORY Don't know
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? N.O. DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical Examination
 (Signed) C. J. Merriam, M. D.

9-28, 1930 (Address) 1225 Rieltz Bldg

*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 Lake Mills Wis DATE OF BURIAL 9/30 1930

20. UNDERTAKER W. W. Newcomer Sons ADDRESS A. E. 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.

WHITE PLAINNESS, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Handwritten text, possibly a signature or date, located in the upper left corner of the page.