

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

Do not use this space.

30089

1. PLACE OF DEATH

85 County Pulaski Registration District No. 711
Township Union Primary Registration District No. 5940
City (No.) St. Ward

File No. 15
Registered No. 15

2. FULL NAME

Andrew Braine
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</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>Martha Braine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/7-1840</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>2</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>David Braine</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Chas Brainer</u> <u>St Louis Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis</u> DATE <u>9/17</u> <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Fred W. Gillen</u> <u>St Louis Mo</u>		
20. FILED <u>9-18</u> 19 <u>32</u> <u>A. S. Sick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1932 to Sept 15 1932
I last saw him alive on Sept 12 1932. Death is said to have occurred on the date stated above, at 11.00 am.
The principal cause of death and related causes of importance were as follows:
Enlarged Prostate Ed
Fractures
137
133A D / 37

Other contributory causes of importance:

8
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) S. S. Cohen on Oct M. D.
(Address) Dixon Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 28 1932

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.

