

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

Do not use this space.

9817

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kear Primary Registration District No. 1633
 City Kansas City (No. 1577, East 29th) St. _____ Ward _____

File No. _____
 Registered No. 1421

2. FULL NAME

Frank H. Braden
 (a) Residence, No. 1577 East 29 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 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 Mary E. Braden
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1852
 7. AGE YEARS 81 MONTHS 0 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 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) Indiana

13. NAME Robert Braden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary E. Hart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Mary E. Braden
 (ADDRESS) 1577 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Louis Mo. DATE 3/28/33

19. UNDERTAKER Stine & McClure U. Co.
 (ADDRESS) Kansas City, Mo.

20. FILED Mar 27 1933 M. Tom Crowe
422 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26/33

22. I HEREBY CERTIFY, That I attended deceased from 1/1/32 to 3/26/33, 1933
 I last saw him alive on 3/25/33, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis
97 909
 Other contributory causes of importance: _____

Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1933
 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) J. W. Cowles, M. D.
 (Address) 1822 Main

