

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

Do not use this space.

**24251**

**1. PLACE OF DEATH**  
 County St. Louis Registration District No. 284  
 Township St. Ferdinand Primary Registration District No. 6030  
 City S. Kinloch Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Geneva Alvin Bragg  
 (a) Residence, No. S. Kinloch Mo. Ward \_\_\_\_\_ (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**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>Col</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Single</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH</b> (MONTH, DAY, AND YEAR) <u>Sept. 25 1897</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>35</u>	<b>MONTHS</b> <u>10</u>	<b>DAYS</b> <u>25</u>	<b>IF LESS than 1 day,</b> _____ hrs. or _____ min.
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.</b> <u>Clerk in Post office</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation</b> (month and year)		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Kinloch Mo.</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>William E. Bragg</u>			
	<b>14. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Troy Mo.</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Lulu B. Carter</u>			
	<b>16. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentzville Mo.</u>			
<b>17. INFORMANT</b> (ADDRESS) <u>Etta B. Hill S. Kinloch Mo.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Washington Park</u> DATE <u>7/24</u> 19 <u>33</u>				
<b>19. UNDERTAKER</b> (ADDRESS) <u>M. C. Green 3517 Acade Ave.</u>				
<b>20. FILED</b> <u>8-3</u> 19 <u>33</u> <u>Emma J. Harris</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) 7/20 1933

**22. I HEREBY CERTIFY**, That I attended deceased from 6/7 1933, to 7/20 1933  
 I last saw her alive on 7/20 1933 Death is said to have occurred on the date stated above, at 11 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Gastro Enteritis Date of onset 6/14/33  
540  
 Other contributory causes of importance:  
Operation (Fibroid Tumor)

Name of operation Laparotomy Date of Post-mortem Post-mortem  
 What test confirmed diagnosis? Clinical Spec 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 \_\_\_\_\_ 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) Wm E. Hill M. D.  
 (Address) 1105 1/2 N. Sarah

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

