

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

Do not use this space.

MAR 24 1934

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
Township Excelsior Springs Mo. Primary Registration District No. 3011  
City Excelsior Springs Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 14 4309  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3 mile west of city St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. 45 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</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>Ray Braden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11-1903</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>6</u>
	DAYS <u>21</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>Home</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>		
MOTHER FATHER	13. NAME <u>Geo Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X</u>	
	15. MAIDEN NAME <u>Zelma Stafford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X</u>	
17. INFORMANT (ADDRESS) <u>Ray Braden Excelsior Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Silmore Mo</u> DATE <u>Feb 4</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>John C Prather Excelsior Springs Mo</u>		
20. FILED <u>463</u> 19 <u>34</u> <u>Mar Rae N. Cochran</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2<sup>nd</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1934, to Feb 2 1934  
I last saw her alive on Feb 1<sup>st</sup> 1934. Death is said to have occurred on the date stated above, at 2 P. M.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Embolism Date of onset 2-2-34

Other contributory causes of importance:  
Myocardial Infarction  
Exhaustion  
Exposure to cold

Name of operation \_\_\_\_\_  
What test confirmed diagnosis? 100 Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X 1934  
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? no  
If so, specify \_\_\_\_\_  
(Signed) Catherine Wysocka  
(Address) Clay Co 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.

