

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

MAR 26 1936

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

Do not use this space.

13815

1. PLACE OF DEATH

County Dernon
Township Washington
City Washington (No. 7)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 63
St. _____ Ward _____

2. FULL NAME

Jessie Leonard Brayfield
(a) Residence, No. State Hospital # 3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Minnie (Talbert) Brayfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1900

7. AGE YEARS 35 MONTHS 2 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus driver

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) Green Co., Mo.

13. NAME J. A. Brayfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Mary Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Minnie Brayfield Springfield

18. BURIAL: CREMATION; OR REMOVAL PLACE Springfield DATE Mar 7 1936

19. UNDERTAKER (ADDRESS) Allen V. Hays

20. FILED Mar 7 1936 M. Beehinger Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27 1931 to Mar 7 1936
I last saw deceased alive on 11-11-1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Gen. paralysis of the insane 1930
(Dementia paralytica)
(Syphilitic of the C.M.S.)

Other contributory causes of importance: Convulsions 24 hrs

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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? Ill (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) T. J. O'Dell, M. D.
(Address) _____

