JAN 19 1937

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

Do not use this space.

44182

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 341

City Jefferson (No. , St. Ward)

2. FULL NAME Ernst Braun

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Katie Braun

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September-19-1857

7. AGE: YEARS 79 — MONTHS 2 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bldg Contractor
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): Germany

FATHER

13. NAME: Adolph Braun
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Mrs. Ernst Braun, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Dec-13--, 1936

19. UNDERTAKER (ADDRESS): [illegible] Gordon, Jefferson City Mo

20. FILED 12/12/1936 [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to Dec 11, 1936

I last saw him alive on Dec 11, 1936. Death is said to have occurred on the date stated above, at 8:40 p.m.

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

	Date of onset
Bronchi Pneumonia	12/10-36
Other contributory causes of importance: Ileo Colitis, with appendicitis & Cholecystitis	12/10-36

Name of operation — 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? — (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) Jas A. Hill, M. D.

(Address) Jefferson City Mo