

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.

6/2 1936

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

Do not use this space.

48941

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Marshall Primary Registration District No. 6039
City Marshall St. _____ Ward _____

File No. _____
Registered No. 170

2. FULL NAME

Infant Brayman
(a) Residence, No. R. F. D. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25, 1936</u>		
7. AGE	YEARS —	MONTHS —
	Days —	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall, Mo.</u>		
FATHER	13. NAME <u>Melvin L. Brayman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Maude Land</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Melvin L. Brayman, R. F. D. Marshall, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith Chapel</u> DATE <u>Aug. 26, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>J. L. Surraby, Marshall, Mo.</u>		
20. FILED <u>Aug. 26, 1936</u> <u>DeBoutson</u> Deputy Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1936, to Aug. 25, 1936
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Still Born
Date of onset _____

Other contributory causes of importance: Don't know

Name of operation _____ 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 _____, 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) Geo. T. Mueller, M. D.
(Address) Marshall, Missouri

