

FEB 17 1937  
17 1937

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

Do not use this space.

1792

1. PLACE OF DEATH  
48 County Jackson Registration District No. 404  
Township Washington Primary Registration District No. 5558  
City Brunswick (No. ....) St. .... Ward)

2. FULL NAME Mrs. Daisy Mc Guire Bragg  
(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

MEDICAL CERTIFICATE OF DEATH

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>Dr. E. H. Bragg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15, 1879</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>10</u>
	DAYS <u>1</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation. <u>1</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>785</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Brunswick Mo.</u>		
FATHER	13. NAME <u>John Mc Guire</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Stassburg Va.</u>	
MOTHER	15. MAIDEN NAME <u>Virginia</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Mrs. W. E. Manion</u> (ADDRESS) <u>129 E 70 - H. K. C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Manish</u> DATE <u>1/18</u> 19 <u>37</u>		
19. UNDERTAKER <u>E. K. George &amp; Sons</u> (ADDRESS) <u>Brunswick Mo.</u>		
20. FILED <u>1/17</u> 19 <u>37</u> <u>E. K. George</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937, to Jan 16 1937  
I last saw her alive on Jan 16 1937. Death is said to have occurred on the days stated above, at 4 p. m.  
The principal cause of death and related causes of importance were as follows:  
Long Myocarditis Jan 16, 37  
Influenza Jan 12, 36  
Siphic sore throat " 15, 37  
Surgical Ailment " 16, 37

Other contributory causes of importance:  
Influenza

Name of operation ..... Date of .....  
What test confirmed diagnosis? None 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) E. K. George  
(Address) Brunswick Mo.

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

