

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH

33 County Dunklin
Township Franklin
City _____ (No. _____)

Registration District No. 28454²³
Primary Registration District No. 4-1-6-8

File No. 19926
Registered No. 49
St. _____ Ward _____

2. FULL NAME

Buddie Brammon

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937, to May 14, 1937
I last saw him alive on May 14, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

Measles Due to Premature Birth, 7 1/2 months
15A
Other contributory causes of importance: epesetic metastasis
mother

12. BIRTHPLACE (CITY OR TOWN) Dunklin Co (STATE OR COUNTRY) Mo.

Name of operation none Date of _____

13. NAME Earnest F. Brammon

What test confirmed diagnosis? _____ Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) Campbell (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Berylle Allen

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

17. INFORMANT P. F. Brammon (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE not listed DATE 5-15, 1937

19. UNDERTAKER none (ADDRESS) _____

20. FILED 5-15, 1937 J. B. Esterimef Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Stephen Paulson, M. D.
(Address) 17 Madison

Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

