JUL 28 1937

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

Do not use this space.

23062

1. PLACE OF DEATH

County Salt River — Registration District No. 26 — File No.

Township ~~Audrain~~ — Primary Registration District No. 3002 — Registered No. 79

City Mexico Mo (No. , St. Ward)

2. FULL NAME ~~817 S.~~ Minter K. Bragg

(a) Residence, No. 823 S. Olive 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: Marjorie Bragg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10, 1895

7. AGE: 42 YEARS, 2 MONTHS, 5 DAYS. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
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): June 14th 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbina, Missouri

FATHER

13. NAME: Kelley R. Bragg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Missouri

MOTHER

15. MAIDEN NAME: Laura Sedlic
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): John D. O'Rear Jr. Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood, Mexico, Mo. DATE: June 18, 1937

19. UNDERTAKER (ADDRESS): Chas. Arnold Jr. Mexico, Missouri

20. FILED June 18, 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at between 6-7 P.M.

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

Came to his death while experimenting with his nitrous oxide gas equipment

Date of onset

Other contributory causes of importance:

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? yes

If so, specify

(Signed) B. M. Marlow

(Address) Coroner Mexico Mo. Audrain Co.

N. B.—Every item of information should be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.