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

DEC 20 1937

Do not use this space.

40128

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas city (No. 3342 College St. Ward)

File No.:

Registered No.: 4442

2. FULL NAME: Chas. S. Bramblee

(a) Residence, No. 3342 College St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harriett H. Bramblee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12-1879

7. AGE: Years 58 — Months 3 — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 607 E. 10th

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): Ill

FATHER

13. NAME: Henry O Bramblee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Harriett H. Bramblee, 3342 College

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Moriah DATE: Nov. 6 1937

19. UNDERTAKER (ADDRESS): Eylar Funeral Home, K. C. Mo.

20. FILED: Nov. 5 1937 M. M. Grove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1935, to Nov 3rd, 1937, I last saw him alive on Nov 3rd, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Chronic nephritis with hypertension — Date of onset: not known

131

Other contributory causes of importance: Pericarditis with effusion, Aortitis — July, 1937

Name of operation: none — Date of:

What test confirmed diagnosis? X-Ray — 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?

If so, specify

(Signed) Eugene Carbaugh M. D.

(Address) 714 Bryant

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.