

REC'D JUL 14 1938

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

21385  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. \_\_\_\_\_  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 643  
 (c) City St. Joseph (d) Street No. 2610 Felix St. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Anna Francès Bragg 620

(a) Residence, No. 2610 Felix St. St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 81 3 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Cincinnati  
 (STATE OR COUNTRY) Ohio

FATHER  
 13. NAME Isaac W. Bragg  
 14. BIRTHPLACE (CITY OR TOWN) Belfast  
 (STATE OR COUNTRY) Ireland

MOTHER  
 15. MAIDEN NAME Caroline V. Burt  
 16. BIRTHPLACE (CITY OR TOWN) Cincinnati  
 (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. C. V. Dean  
 (ADDRESS) 2610 Felix St. St. Jos. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt. Mora DATE June 22, 1938

19. FUNERAL DIRECTOR Walter Meierhoffer  
 (ADDRESS) 1302 Faron St. St. Jos. Mo.

20. FILED 6/22 1938 A. Nestlebach  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1938  
 22. I HEREBY CERTIFY that I attended deceased from Feb 25 1938, to June 19 1938  
 I last saw him alive on June 19 1938. Death is said to have occurred on the date stated above, at 8:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Senile psychosis  
 Arterio sclerosis - general  
 197-  
 Other contributory causes of importance:  
 Pneumonia, Hypertensive 6-13-38  
 Date of onset Jan. 1938

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) W. Senon M. D.  
 (Address) St. Joseph, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I, Wilber Kelly, Licensed Embalmer No. Missouri 3946  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed: Wilber H. Kelly  
Licensed Embalmer No. 3946

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**