REC'D AUG 24 1938

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

Do not use this space.

25049

1. PLACE OF DEATH
County Christian
Township N. Galloway
City ..... (No. ..... St. ..... Ward)
Registration District No. 184
Primary Registration District No. 5256
File No. .....
Registered No. 17

22

2. FULL NAME Willie Brazeale 624
(a) Residence, No. ..... 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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Peggie Brazeal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1877

7. AGE YEARS 61 MONTHS 4 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Jacob Brazeale 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Rachel Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Peggie Brazeale Ozark Mo R.R.#

18. BURIAL, CREMATION, OR REMOVAL
PLACE Selmore DATE July 7" 1938

19. UNDERTAKER (ADDRESS) T. B. Chaffin Ozark Mo.

20. FILED Aug 9 1938 Loretta Fouard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6" 1938

22. I HEREBY CERTIFY, That I attended deceased from Dead when I saw him, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Suicide by Shooting in Head

Date of onset

Other contributory causes of importance 167

Name of operation None 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 7-6 1938
Where did injury occur? His home Near Highlandville Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Shot top of head off
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. H. Walle, M. D.
(Address) Ozark Mo

170

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.