

REC'D SEP 1 2 1938

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

Do not use this space.

791
1008

27578

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis** (No.)

Registration District No.
Primary Registration District No.
Homer Phillips Hospital

File No.
Registered No. **7592**
St. Ward)

2. FULL NAME **Jessie Bracken**

(a) Residence, No. **903 S. 9th** St. **22** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **14** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Tresie Bracken**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 14, 1895**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 **10** **6**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
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) **Kentucky**

13. NAME **Joe Bracken**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL **Father Dickson** DATE **Aug 25, 1938**

19. UNDERTAKER (ADDRESS) **Mrs. Dowell Funeral Home**
3506 Franklin Ave.

20. FILED **AUG 26 1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 20** 19 **38**
22. I HEREBY CERTIFY, That I attended deceased from **Aug. 15**, 19 **38**, to **Aug. 20**, 19 **38**
I last saw him alive on **Aug. 20**, 19 **38** Death is said to have occurred on the date stated above, at **5:20 a. m.**
The principal cause of death and related causes of importance were as follows:

Acute appendicitis (Strept.) Date of onset **8/15/38**
Pulmonary edema
Other contributory causes of importance

Name of operation **Appendectomy** Date of **8/15/38**
What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

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?
specify.....
(Signed) **Richard Hachney**, M. D.
(Address) **2001 N Whittier**

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.

SECRET

Em blank signed
CR