

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

38882
Do not use this space.

DECEASED DEC 16 1938

1. PLACE OF DEATH

(a) County Cedar Registration District No. 164
 (b) Township South Benton Primary Registration District No. 5239
 (c) City Jerico Springs (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 131

2. PRINT FULL NAME 635 Roy Edgar Bratton

(a) Residence, No. _____ 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 Male 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) Sept. 30, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Jerico Springs Mo.

FATHER 13. NAME Robert Lee Bratton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri City Mo.

MOTHER 15. MAIDEN NAME Neida E. Ladden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Laura Bratton Jerico Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James near DATE Oct. 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Milo W. C. DAVIS & CO. Stockton, Mo.

20. FILED Oct - 16 1938 Mrs. Mary H. Hines Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1938, 19____, to Oct. 2, 1938, 19____.

I last saw him alive on Oct. 2, 1938, 19____. Death is said to have occurred on the date stated above, at 11:30 AM.

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

Pulmonary Tuberculosis
Tubercular Abscess of right lung (inferior lobe)
 Date of onset 8/24/38

Other contributory causes of importance: FF

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? No

If so, specify _____ (Signed) J. H. Bennett D. C. M. D.

(Address) Jerico Springs, 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.

RECEIVED

District Health Office No. 7.

District File Number 7-38-446

Date Filed 12-5-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Melvin Church

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No..... 3272

P. O. Address Stockton, Mo.

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.)

If this body is not embalmed, above space should be left blank.