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.

OFC'D DEC 19 1938

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

39170
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
Registered No. 850
(d) Street No. St. Johns Hospital 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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 DAVID HERSHEL BRAKE
(a) Residence, No. Springfield Mo. R.F.D. No. 11-1509 W Atlantic St. St. Route #11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ Pearl Brake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Frisco Railroad
10. Date deceased last worked at this occupation (month and year) Aug. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conway, N Mo

FATHER
13. NAME David M. Brake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield, Mo.

MOTHER
15. MAIDEN NAME Sarah Ellen Caffey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield, Mo.

17. INFORMANT (ADDRESS) W. Frank Brake Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Mar~~ Maple Park DATE Nov. 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Thieme Springfield, Mo.

20. FILED Nov 14 1938 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-16- 1938, to 11-12- 1938
I last saw ~~him~~ alive on 11-12 1938. Death is said to have occurred on the date stated above, at ~~12 P.M.~~ 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Glandular Carcinoma	
Involving Sigmoid Colon	
& Lymphatics of L.S.Q.	6 mo ago

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) C. E. Feller, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Ralph Thieme, or by .....

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

Signed Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield Mo.

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

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

ease state the primary seat of the
lignancy.

ease write directly on the face of
n supplemental, ~~state date filed~~,
~~d return at once~~. Thank you.

Harry F. Parker, M. D.
pecial Agent, Bureau of the Census