

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.

14 1938

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

43139
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 376
 (b) Township J. Campbell Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. Springfield Baptist Hospital Registered No. 1012
 (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.

2. PRINT FULL NAME ADELBERT J. BRAMAN
 (a) Residence, No. 1590 West Elm 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Luna Rick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Graser

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) England

FATHER 13. NAME Geo. A. Braman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary Bancroft

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

17. INFORMANT (ADDRESS) Ellis J. Braman
Indianapolis Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE poplar bluff Mo DATE Dec 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lynn-Hall
629 W. Poplar St

20. FILED Dec 27, 1938 Chas. H. Rose
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1938, to Dec 26, 1938
 I last saw him alive on 12/25, 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
92 H
 Date of onset 12/9/38

Other contributory causes of importance:
Atrophic arthritis
Generalized sclerosis
29 M

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) E. P. Simpson & C. E. Telle, M. D.
29 (Address) Springfield Mo

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,

....., or by

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

Signed.....

Floyd W. A. N.

Licensed Embalmer No. *7910*

P. O. Address *679 W. Walnut*

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.