

REC'D AUG 19 1939

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

27035

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 843
(b) Township Washington Primary Registration District No. 6106
(c) City or Malvern, Mo. (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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(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 m 4. COLOR OR RACE wh. 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) March 4/1892

7. AGE 67 YEARS MONTHS 3 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

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. Veterinarian
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Point, Mo. (STATE OR COUNTRY)

FATHER
13. NAME Wm J. Bragg

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

MOTHER
15. MAIDEN NAME Emma J.

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

17. INFORMANT Wm Bragg (ADDRESS) Oregon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon, Mo. DATE _____ 19____

19. FUNERAL DIRECTOR (NAME) Everett J. Cheatham (ADDRESS) Malvern, Mo.

20. FILED July 2, 1939 Nellie Ironby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1939

22. I HEREBY CERTIFY That I saw after attended deceased from Death July 2, 1939, to _____, 19____.

I last saw h. _____ live on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

acute alcoholism and lack of proper nourishment

Date of onset

Other contributory causes of importance: 756

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) Seay H. Madson Coroner

(Address) Oregon, Mo.

RECEIVED

District Health Officer No. 6,

District Fire Number 839-1697

Date Filed AUG 11 1939

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.....

Everett J. Cheatham

Licensed Embalmer No.....

3870

P. O. Address.....

Galena, 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.