

Dr. Feind

RECEIVED 21 1939

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

44316
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 678
 (b) Township Rolla St James Primary Registration District No. 3904 Registered No. _____
 (c) City Rolla (d) Street No. St James 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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Brauson
 (a) Residence, No. _____ St. (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 Mamie Keaton Brauson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>36</u>	<u>6</u>	<u>10</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. P.V.A.
 9. Industry or business in which work was done, as 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) Waverly (STATE OR COUNTRY) Mo

FATHER
 13. NAME Joseph Brauson
 14. BIRTHPLACE (CITY OR TOWN) Passavage Co (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Laura Brauson
 16. BIRTHPLACE (CITY OR TOWN) Bascom Co (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Harry Huskey
Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rolla Cem DATE 12/26 1939

19. FUNERAL DIRECTOR (NAME) Mrs Harry M. Cav
(ADDRESS) Rolla Mo

20. FILED 1-1-40 Elsie B. Fork
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1939, to 12-24, 1939
 I last saw him alive on 12-24, 1939. 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:
Ruptured appendicitis
 Date of onset _____

Other contributory causes of importance: Peritonitis

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) E. E. Feind, M. D.
 (Address) Rolla, 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.

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~~ *not emb*

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

RECEIVED

District Health Officer No. 5,

District File Number 14068

Date Filed 11040

Signed *Mrs. Harry McCaw*

Licensed Embalmer No. 1814

P. O. Address *Rolla Mo*

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

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