

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

35401
Do not use this space.

1. PLACE OF DEATH **Barry Liberty** 2. Registration District No. **34**
 (a) County **Barry** (b) Township **Liberty** Primary Registration District No. **5050** Registered No. **18**
 (c) City **Liberty** (d) Street No. **P.O. 1, Carter, Mo.** St. **Mo.**
 (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 **Mamie Laverne Bratten**
 (a) Residence, No. **Barry County** 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 **Female** 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 **Edmond Bratten**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 2, 1916**
 7. AGE YEARS **22** MONTHS **10** DAYS **7** 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. **Housewife**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Barry Co., Missouri** (STATE OR COUNTRY)

FATHER 13. NAME **Elin Cassidy**

14. BIRTHPLACE (CITY OR TOWN) **Barry Co., Missouri** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Annie Faddock**

16. BIRTHPLACE (CITY OR TOWN) **Barry Co., Missouri** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Edmond Bratten, Carter, Mo., P.O. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Exeter Cem.** DATE **Oct 12, 1939**

19. FUNERAL DIRECTOR (NAME) **Roon Funeral Home** (ADDRESS) **Cassville, Mo.**

20. FILED **Oct. 12, 1939 Mrs. H. P. Searey** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 9, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 9, 1939, to Oct. 9, 1939**
 I last saw her alive on **Oct 9, 1939**. Death is said to have occurred on the date stated above, at **9:30 A.M.**
 The principal cause of death and related causes of importance were as follows:

Placenta Previa. Date of onset **14th**
 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 **Thromb. Salter** (Signed) **Cassville, Mo.**, M. D.
 (Address) **Cassville, Mo.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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District Health Officer, No. 6,

District File Number *1139-2202*

Date Filed *NOV 7 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, _____

Eugene Wood

_____, or by _____

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

Signed *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *Cassville, 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.