

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

35401
Do not use this space.

1. PLACE OF DEATH RECEIVED NOV 18 1939

(a) County Barry Registration District No. 34

(b) Township Liberty Primary Registration District No. 5050 Registered No. 18

(c) City _____ (d) Street No. P.O. 1, Exeter, Mo. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME Mamie Lawrence 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	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>22</u>	<u>10</u>	<u>7</u>	

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) (STATE OR COUNTRY) Barry Co. Missouri

FATHER 13. NAME Elin Cassidy

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

MOTHER 15. MAIDEN NAME Annie Faidock

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

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

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

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roon Funeral Home 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 _____

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 Placenta Previa
(Signed) Thermon J. Salzer, M. D.
Cassville, Mo. (Address)

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.

1 X14223

Salzer

RECEIVED

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.