

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

Do not use this space.

OCT 17 1934

33857

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

File No. _____

Registered No. 118

2. FULL NAME

David - A - Brampton
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 19 - 1877

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
57 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal mining

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Richmond Mo

13. NAME David Brampton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Anna Filand

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

17. INFORMANT (ADDRESS) Mrs. R. J. Gill Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Sept 27 1934

19. UNDERTAKER (ADDRESS) Johnson Richmond Mo

20. FILED 10-9 1934 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Sept 23 1934

I last saw him alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 3:25 p.m.

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

Coronary Sclerosis Date of onset _____

Had been sick a year

94

Other contributory causes of importance: _____

None

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) P. D. Green, M. D.

(Address) Richmond Mo

