

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

Do not use this space.

16932

**1. PLACE OF DEATH**

County Howard Registration District No. 380 File No. \_\_\_\_\_  
 Township Franklin Primary Registration District No. 5530 Registered No. 9  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David Brayley

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-11-49

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 | 0 | 17 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Leper Co  
 (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Brayley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Daylies

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn  
 (STATE OR COUNTRY)

14. INFORMANT John Weiser  
 (Address) New Franklin Mo

15. FILED 5-29-28 B. Fleep REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28 1928

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 27, 1928 that I last saw him alive on May 27, 1928, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
108  
9:30 / 10:10  
 (duration) yrs. mos. da. \_\_\_\_\_  
 CONTRIBUTORY Lobar Pneumonia  
 (SECONDARY) (duration) yrs. 3 weeks da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) \_\_\_\_\_, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Overton Mo DATE OF BURIAL 5-29 1928

20. UNDERTAKER Ed. Duncan New Franklin Mo ADDRESS \_\_\_\_\_

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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