

PLACE OF DEATH

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

County Marion
 Township Jefferson
 or
 Village
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 5741File No. 14 **41999**Primary Registration District No. 5780Registered No. 14

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Rayd Rayce Branson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Single
 MARRIED WIDOWED OR DIVORCED
 (# write the word)
 DATE OF BIRTH January 13, 1908
 (Month) (Day) (Year)
 AGE 3 yrs. 11 mos. 6 ds. If LESS than 1 day, ____ hrs. ____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
 (City or town, State or foreign country) Washington Okla

PARENTS
 NAME OF FATHER Charles S Branson
 BIRTHPLACE OF FATHER Byron Mo.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Ollie E Jones
 BIRTHPLACE OF MOTHER Belle Mo.
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C S Branson(ADDRESS) Belle Mo.

Filed Dec 19 1911 J W Bingers
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 19, 1911, to Dec 19, 1911, that I last saw him alive on Dec 19, 1911, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Croupous Pneumonia

Contributory Since cold
 (SECONDARY) (Duration) ____ yrs. ____ mos. 3 ds.

(Signed) J W Bingers M. D.
Dec 19, 1911 (Address) Belle Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. 6 mos. ____ ds. In the State ____ yrs. 6 mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence Oklahoma

PLACE OF BURIAL OR REMOVAL

Liberty cemetery

DATE OF BURIAL

Dec 20 1911

UNDERTAKER

H G Mills

ADDRESS

Belle 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.

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