

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

Do not use this space.

31840

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **Sanitarium**)

File No. ....

Registered No. **9199**

St. .... (Ward)

**2. FULL NAME**

**Anna Branagan**

(a) Residence. No. **1446 St. 21<sup>st</sup>** St., **13** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **56** yrs. **7** mos. **13** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

2. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

**Thos Branagan**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 1, 1844**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**83** | **7** | **13**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Unknown**  
(b) General nature of industry, business, or establishment in which employed (or employer) **"**  
(c) Name of employer **"**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT (Address) **Smith Stoker**  
**5300 General**

15. FILED **Oct 16 1927** **Marie Starceff** REGISTRAR

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **10/14/27** 19

17. I HEREBY CERTIFY, That I attended deceased from **10/8/27**, 19, to **10/14/27**, 19, that I last saw **h<sup>is</sup>** alive on **10/14/27**, 19, and that death occurred, on the date stated above, at **7<sup>28</sup>** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Myocarditis**

**90B** (duration) yrs. mos. **12** ds.

CONTRIBUTORY **Peterisms** (SECONDARY) (duration) yrs. mos. **12** ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF **No**

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Specimen**  
**10/17/27** (Signed) **Smith Stoker**, M. D.  
, 19 (Address) **5300 General**

\*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 **Library** DATE OF BURIAL **10-18 1927**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2639 Wash St**

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.

FADING INK—THIS IS A PERMANENT RECORD

