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

Do not use this space.

5460

File No. .....

Registered No. 14

1. PLACE OF DEATH

County: Pettis

Township: .....

City: Higginsville (No. ....., ... St. ....., Ward)

Registration District No. 460

Primary Registration District No. 4224

2. FULL NAME: Carolina Dorothea Maria Schoenert Brandt

(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.

MAR 19 1928

62-3-13

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John A. Brandt deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House duties

(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): Concordia Mo

PARENTS

10. NAME OF FATHER: Henry Schornhorst

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

12. MAIDEN NAME OF MOTHER: Maria Schornhorst

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

14. INFORMANT: Anna Brandt
(Address) Higginsville Mo

15. FILED 2/25/1928 Bessie M Porter, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1928, to Feby 15 1928, 19..., that I last saw h. alive on Feby 14 1928, 19..., and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio pneumonia - acute
121
123
1018
1018 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis + vascular disease for many (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? No

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

Feby 15 1928 (Signed) W. E. Appenbrink, M. D.
(Address) Higginsville, Mo

*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: Evangelical Cemetery — DATE OF BURIAL: 2/17 1928

20. UNDERTAKER: Ostrander Higginsville Mo — ADDRESS

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.