

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

Do not use this space.

9194

1. PLACE OF DEATH

County Jackson
Township Raw
City N.E. Mo. (No. 407 R^o. Jackson)

Registration District No. 399
Primary Registration District No. 1007

File No.
Registered No. 314 St. Ward)

2. FULL NAME

John Carter Brannan, Sr
(a) Residence, No. 407 R^o. Jackson 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 - 1858

7. AGE: YEARS 70 MONTHS _____ DAYS 13 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT (Address) Jos. Carter Brannan, Sr. 407 R^o. Jackson St.

15. FILED 3/27, 28 1928 Wm Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26, 1928

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1928 to March 26, 1928 that I last saw alive on March 26, 1928, and that death occurred, on the date stated above, at 11:00 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13! Apoplexy
80% H.D. (duration) yrs. mos. 1 da.
CONTRIBUTORY Chronic Nephritis (SECONDARY) (duration) 2 yrs. mos. 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) C. W. Ross, M. D. 3/27, 1928 (Address) 102 N. Elmwood.

*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 DATE OF BURIAL Lourey City, Mo March 28, 1928

20. UNDERTAKER ADDRESS Ms. C. L. Foster N.E. 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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Residence 4191

W. John + Edward

until 5: P.M.