

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

Do not use this space.

12775

1. PLACE OF DEATH

County DeKalb
Township DeKalb
City DeKalb (No.)

Registration District No. 260
Primary Registration District No. 4159

File No.
Registered No.
St. Ward)

2. FULL NAME

Madge Brand
(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 Female 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 Raymond Brand

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-5-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 2 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) DeKalb County, Mo.

PARENTS

10. NAME OF FATHER John S. Edie

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

12. MAIDEN NAME OF MOTHER Emma Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14.

INFORMANT Raymond Brand
(Address) Osborn Mo.

15.

FILED 4-12-1928 Winifred W. Moser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 8 1928 to April 10 1928
that I last saw him alive on April 10 1928 and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis
900
CONTRIBUTORY (SECONDARY) ..

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ..

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF ..

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Franklin, M. D.

4-11-1928 (Address) Osborn 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

DATE OF BURIAL

Osborn Mo.

Apr 12 1928

20. UNDERTAKER

ADDRESS

J. E. Lyon

Stewartville 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.

PERMANENT RECORD

