WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

21 1928

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

W E

Do not use this space.

Stone 33134

1. PLACE OF DEATH

County Cooper — Registration District No. 226 — File No. 61

Township Clarksfork — Primary Registration District No. 5307 — Registered No. 61

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sarrah Brandes

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Christ Brandes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	7	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer XX

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

PARENTS

10. NAME OF FATHER Wilshire

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Walter Brandes
(Address) Bunceton MO

15. FILED Oct. 10, 1928 J. W. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 5 1928

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to Oct 5, 1928 that I last saw her alive on Sept 30, 1928, and that death occurred, on the date stated above, at 5 00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 myocarditis

97 [illegible]

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

about 15 (duration) yrs. mos. ds.

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? None

(Signed) W E Stone, M. D

Oct 5, 1928 (Address)

*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 Lone Elm Oct 7 1928 — DATE OF BURIAL 19

20. UNDERTAKER L. G. Parker Bunceton Mo — ADDRESS