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

Do not use this space.

✓ 37137

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo. (No. 2711 Ind St. Ward)
Registration District No. 399
Primary Registration District No. 10 2
File No. 4788
Registered No.

2. FULL NAME Infant Robert Elton Brambon.
(a) Residence. No. 2711 Indiana St., 14 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 22-1928
7. AGE: Years | Months | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Charles Glenn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Georgia Snyder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

14. INFORMANT: Charles G. Brambon
(Address): 2711 Indiana

15. FILED 11/28, 1928 M M Crowl asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1928, to Nov. 27, 1928, that I last saw him alive on Nov. 27, 1928, and that death occurred, on the date stated above, at 8.35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute bronchopneumonia bilateral
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY): Prematurity
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Wesley Hospital
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? By Dr Kontshoner
WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem findings
(Signed) Darwin Delap M.D.
Nov 28 1928 (Address) 509 A. Wirthman Bldg.

*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: Highland Park
DATE OF BURIAL: Nov 30 1928
20. UNDERTAKER: Rose & Henderson
ADDRESS: 15th Jackson

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.

(Dr. De Lapp.)

Brandon
Wesley