

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

Do not use this space.

39852

JAN 22 1929

1. PLACE OF DEATH

County Chariton
Township Missouri
City (No.) St. Ward)

Registration District No. 169
Primary Registration District No. 5249

File No.
Registered No. 43

2. FULL NAME

Earl Clarence 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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

Nov. 22 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Chariton County

(STATE OR COUNTRY)

10. NAME OF FATHER

Lawrence Brand

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Chariton County

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emma Morney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Chariton County

(STATE OR COUNTRY)

14. INFORMANT

Lawrence Brand

(Address)

15. FILED

12/8 1928 H. E. Fatus

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 9 1928

17.

I HEREBY CERTIFY, That I attended deceased from 11-23 1928 to 12-7 1928 that I last saw him alive on 12-2 1928, and that death occurred, on the date stated above, at 9 18 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laundries Maligned

CONTRIBUTORY (SECONDARY)

161 B
160

(duration) yrs. mos. 10 da.

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Fitch M. D.

12/8 1928 (Address) Glasgow, 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

Aholt, Mo

DATE OF BURIAL

Dec. 8 1928

20. UNDERTAKER

Tommy Miller

ADDRESS

Glasgow, Mo

R. 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.

