

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

Do not use this space.

2441

1. PLACE OF DEATH

County Maries.
Township Dry Creek
City..... (No.....).....

Registration District No. 1022
Primary Registration District No. 5732

File No. 47
Registered No. 1
.....St. Ward)

2. FULL NAME Henreitta Brandt,

(a) Residence. No. St. Ward.
(Usual place of abode)
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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7 / 30 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 6 20

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) Germany

10. NAME OF FATHER Not Known.

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

12. MAIDEN NAME OF MOTHER Not Known.

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

14. INFORMANT Theodore Brandt,
(Address) Dixon, Mo.

15. FILED 3-9-29 J. W. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-21-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-11-1929, to 7-21-1929, that I last saw her alive on 1-11-1929, and that death occurred, on the date stated above, at 3:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright Disease
1929 (duration) yrs. mos. da. 10

CONTRIBUTORY (SECONDARY) 1929 (duration) yrs. mos. da. 10

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) J. W. Parker, M. D.
, 19 (Address) Dixon 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 Fairview DATE OF BURIAL Jan 22 1929
20. UNDERTAKER Fred D. Gelsberg ADDRESS Dixon Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAR 23 1929

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PARENTS

