

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

Do not use this space.

6475

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City Kansas City (No. Kansas City Genl Hosp) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Bransfield Michael
 (a) Residence, No. 1115 Lida St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, _____ hrs.	or _____ min.
	<u>71</u>	<u>9</u>	<u>20</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carrage Painter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Leavenworth
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER John Bransfield

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

12. MAIDEN NAME OF MOTHER Melia Keeden

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

14. INFORMANT Reverend Clerk
 (Address) Kansas City Genl Hosp

15. FILED 2-8-29 M. M. Grove
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from _____
Jan 29, 1929, to Feb 2, 1929
 that I last saw him alive on Feb 2, 1929, and that death occurred, on the date stated above, at 2:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
10/14

CONTRIBUTORY (SECONDARY) 10/14
 (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? Autopsy findings
 (Signed) P. Williams, M. D.
 , 1929 (Address) Subt K. C. Gen. Hosp.

*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 Seeds **DATE OF BURIAL** 2-8-29

20. UNDERTAKER O. U. Mack **ADDRESS** K. C. Mo

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.

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2
15
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