

1929 54 000

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

Do not use this space.

7053

1. PLACE OF DEATH

County Ray
Township Lower
City Ray (No.)

Registration District No. 460
Primary Registration District No. 5623-B

File No.
Registered No. 9
St. Ward)

2. FULL NAME

Sebastian Brandau
(a) Residence, No. (Sebastian St.) 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF Mr. S. Brandau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
82 13 Retired

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Adam Brandau

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

12. MAIDEN NAME OF MOTHER Elizabeth Stippel

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

14. INFORMANT Mrs. S. W. Brandau
(Address) Higginsville Mo

15. FILED Jan 27 1929 Jessie P. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1929, to Feb. 12, 1929, that I last saw him in Delive on Feb. 12, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy

CONTRIBUTORY (SECONDARY) Don't know

18. WHERE WAS DISEASE CONTRACTED Not
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Paralysis on left side.
(Signed) W. P. Brandau M. D.

(Address) Higginsville, 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 Butter Cemetery DATE OF BURIAL 2/14 1929

20. UNDERTAKER Walter Memminger ADDRESS Higginsville Mo

