61

OCT 24 1929

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

Do not use this space.

31332

1. PLACE OF DEATH

County Macon — Registration District No. 533 — File No.

Township Round Grove — Primary Registration District No. 5721 — Registered No. 70

City Anabel (No. ..... St. ..... Ward)

2. FULL NAME Richard Brandes

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	10	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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

PARENTS

10. NAME OF FATHER Henry Brandes

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

12. MAIDEN NAME OF MOTHER Haighlken Osen

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

14. INFORMANT John Brandes (Address) Anabel Mo.

15. FILED 9/27 1929 Mrs Luke Winkler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929 to Sep 5, 1929 that I last saw him alive on Sep 4, 1929 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Generic Dropsy

92A

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Valvular Lesion Heart

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED M

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? M DATE OF

WAS THERE AN AUTOPSY? M

WHAT TEST CONFIRMED DIAGNOSIS? Physician Diagnosis

(Signed) A M Rivers, M. D.

9/7, 1929 (Address) Macon 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	DATE OF BURIAL
Longview, Ill	Sept 8 1929
20. UNDERTAKER	**ADDRESS**
E E Hopper	Clarence

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.