

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

Do not use this space.

37947

1. PLACE OF DEATH

County Madaway
Township Rock
City Maryville (No. _____) St. _____ Ward _____

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 106

2. FULL NAME

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

Roland S. Branger

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 OF (OR) WIFE OF Linnie Branger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(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) Ohio

10. NAME OF FATHER

Francis Branger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER

Jane Snyder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14.

INFORMANT Dr. E. C. Branger
(Address) _____

15.

FILED Nov 8, 1929 C. P. Fryer
M. E. C. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1929 to Nov 5, 1929 that I last saw h. alive on Nov 4, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Sclerosis
Chronic nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Same

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. M. Walker Jr., M. D.

, 19 _____ (Address) Maryville 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

Miriam Cemetery Nov. 9, 1929
20. UNDERTAKER Price Furniture Co. ADDRESS Maryville, Mo.

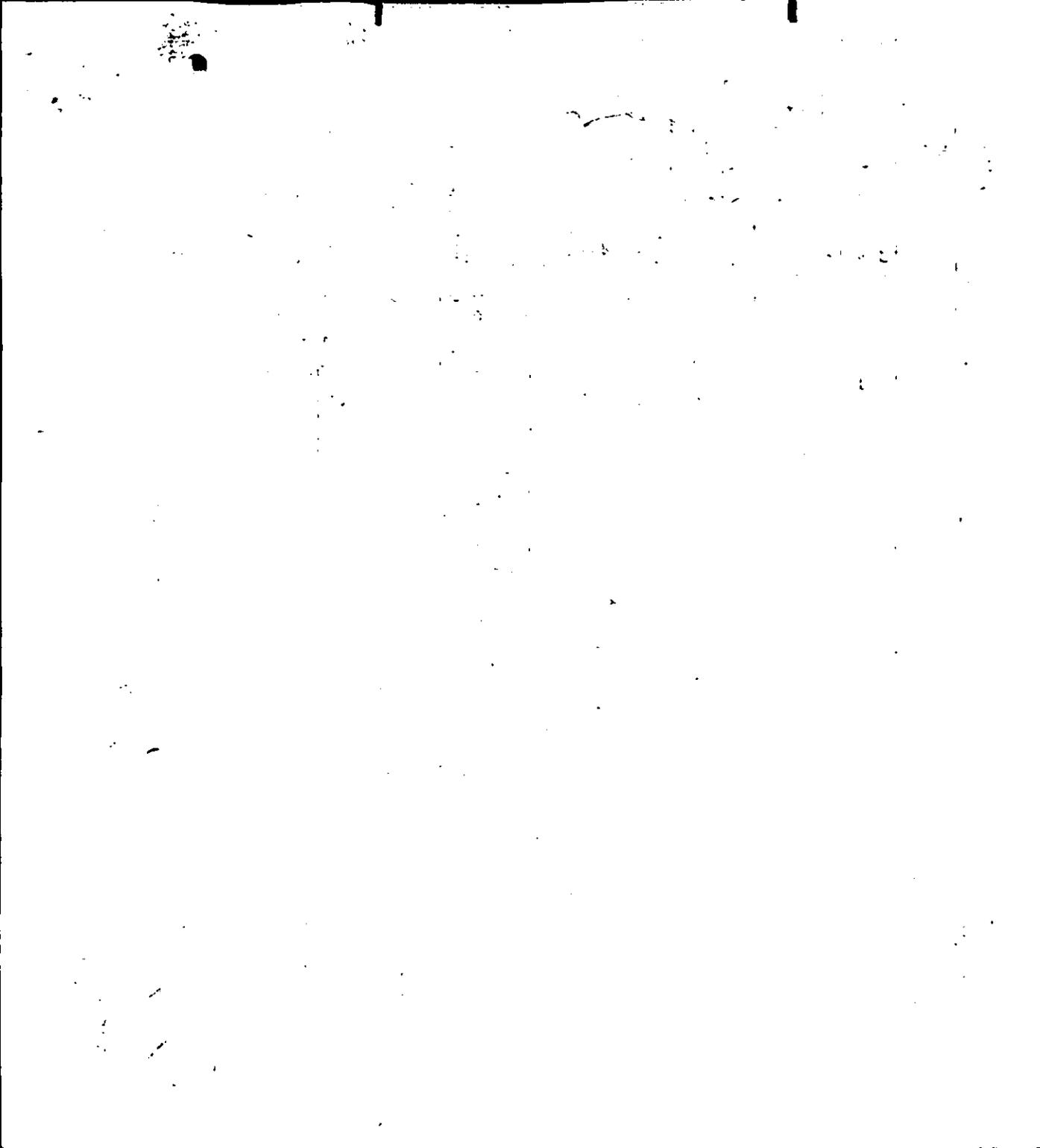
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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4

17

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MLO



cated by check marks, lacking from the

Name:

Roland S. Braniger

Who died at:

Maryville Mo, on Nov. 5, 1929,

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred:

Years _____

Months _____

Days _____

Sex: _____

Color or race: _____

Single, married, widowed or divorced: _____

Date of birth: _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade _____

(b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

129a

Birthplace of mother (State or country) _____

CAUSE OF DEATH:

*Combined Sclerosis
Chronic Nephritis*

Contributory:

Combined Sclerosis (Arterial)

Where was disease contracted? _____

Date of _____

1929

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