

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

Do not use this space.

16156

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Kansas City (No. Kansas City Gen Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 20104

**2. FULL NAME** Oscar Brandy  
 (a) Residence. No. 1112 Olive St. 9 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>married</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>			
<b>6. DATE OF BIRTH</b> (MONTH, DAY AND YEAR) <u>May 2-1903</u>			
<b>7. AGE</b>	YEARS <u>27</u>	MONTHS <u>0</u>	DAYS <u>10</u>
	If LESS than 1 day, _____ hrs. or _____ min.		
<b>8. OCCUPATION OF DECEASED</b>			
(a) Trade, profession, or particular kind of work. <u>Laborer</u>			
(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) Oklahoma

<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>Cornelius Brandy</u>
	<b>11. BIRTHPLACE OF FATHER</b> (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Oklahoma</u>
	<b>12. MAIDEN NAME OF MOTHER</b> <u>Nettie Clark</u>
	<b>13. BIRTHPLACE OF MOTHER</b> (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Mississippi</u>

**14. INFORMANT** Reverend Clerk  
 (Address) K. C. Gene Hoop

**15. FILED** 5/14/30 M. M. Brown REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 5-12 1930

**17.** I HEREBY CERTIFY, That I attended deceased from 5-10, 1930, to 5-12, 1930 that I last saw him alive on 5-12, 1930 and that death occurred, on the date stated above, at 9:35 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23A  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY** (SECONDARY) \_\_\_\_\_ (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? Chem Lab Findings  
 (Signed) Pep Williams, M. D.  
5-12, 1930 (Address) Gen Hosp A C 740

\*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.

<b>19. PLACE OF BURIAL, CREMATION, OR REMOVAL</b> <u>Leeds</u>	<b>DATE OF BURIAL</b> <u>5-14-30</u>
<b>20. UNDERTAKER</b> <u>O. V. Mast</u>	<b>ADDRESS</b> <u>1915 E 15</u>

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.

