Or a NOV 3 - 1930.

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

Do not use this space.

31830

File No. 57

Registered No.

1. PLACE OF DEATH
County: Scotland
Registration District No.: 810
Primary Registration District No.: 4488
Township: ..... ; City: Memphis ; No. ..... ; ..... St. ..... Ward)

2. FULL NAME: Hettie L. Bransfield

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widow or (OR) WIFE OF: Albert Bransfield

6. DATE OF DIAGNOSIS (MONTH, DAY AND YEAR): 1880 - Mar - 27

7. AGE: Years 50 | Months 6 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(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): Kirksville Mo

PARENTS

10. NAME OF FATHER: R. J. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Vermont
12. MAIDEN NAME OF MOTHER: Minnie Warner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Vermont

14. INFORMANT: Albert Bransfield
(Address): Memphis Mo

15. FILED: 10/4 1930 C. E. Garrison, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1930, to Sept 28 1930, and that I last saw him alive on Sept 27 1930, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Uterus

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Don't Know

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. Wallingsworth, M. D. 9/30 1930 (Address) Memphis 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: Memphis Cemetery Mo | DATE OF BURIAL: 30 1930

20. UNDERTAKER: Henry Burkett | ADDRESS: Memphis

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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD