DEC 22 1930

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

Do not use this space.

35701

1. PLACE OF DEATH

County Cooper — Registration District No. 226 — File No. 75

Township Clark's Fork — Primary Registration District No. 5307 — Registered No. 75

City ~~Boonville MO~~ (No. ..... St. ..... Ward)

2. FULL NAME Adaline Rosa Brandes

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

Length of residence in city or town where death occurred 40 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec I 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	II	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cooper CO MO
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Twillman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis MO
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cooper CO MO

14. INFORMANT Walter Brandes
(Address) Bunceton MO

15. FILED Nov. 14, 1930 J. H. King REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 5, 1930, that I last saw her alive on Nov 5, 1930, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Carcinoma~~ uteri 48
Chorioepithelioma

..... (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis

..... (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ~~B~~ Lone Elm. Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 4

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Helen Ravenscroft, M. D.

, 19 (Address) Boonville. 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
Lone Elm MO II-9-30	19

20. UNDERTAKER	ADDRESS
L.G. Parker Bunceton	MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.