

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

Do not use this space.

69

1. PLACE OF DEATH
 County Madison Registration District No. 921
 Township Garber Primary Registration District No. 4557
 City Garber (No. _____) St. _____ Ward _____

2. FULL NAME Sherrel Lerrill Brandon
 (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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1915

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>15</u>	<u>7</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7, 10:30 P. 1931
 17. I HEREBY CERTIFY, That I attended deceased from _____
Jan 7, 1931, to Jan 7, 1931
 that I last saw him alive on Jan 7, 1931, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis with effusion
115 A
56 E
90 B (duration) yrs. ____ mos. 5 ds.
 CONTRIBUTORY (SECONDARY) Phenitoin and insulin
to meals (duration) yrs. ____ mos. 14 ds.
 18. WHERE WAS DISEASE CONTRACTED home
 IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) Garber
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Mike Brandon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike County
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Weatherford

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical Examination
 (Signed) Benjamin S. Jolly M. D. O.
1/8 1931 (Address) Vandalia Mo.

14. INFORMANT Mike Brandon
 (Address) _____

15. FILED Feb 9 1931 W. May
 REGISTRAR

*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 Garber Mo DATE OF BURIAL Jan 9 1931
 20. UNDERTAKER W. J. Waters ADDRESS Vandalia

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.

18 1931

