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.

MAY 23 1931

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

Do not use this space.
13734

1. PLACE OF DEATH
36 County Franklin — Registration District No. 295 — File No. 1
6 Township — Primary Registration District No. 4179 — Registered No. 20
City Sullivan (No. , St. Ward)

2. FULL NAME Nancy Caroline Brandt
(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 18 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Brandt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 13, 1858.

7. AGE: YEARS 73 — MONTHS — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 255
10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co.

FATHER
13. NAME: Elbert Blanton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Pratt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. Charles Moss, Sullivan

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Odd Fellows — DATE: April 10, 1931

19. UNDERTAKER (ADDRESS): Thos. P. Chaffer, Sullivan

20. FILED 4 9 1931 Jas P. Dunigan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1930, to Apr 9, 1931
I last saw her alive on April 9, 1931. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Schlerosis	1925
82	
97	
8210	
Other contributory causes of importance: Progressive Paralysis	1928

Name of operation: 0 — Date of: 0
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Walter P. Mattox, M. D.
(Address) Sullivan Mo