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

Do not use this space.
20244

1. PLACE OF DEATH
County: Scott
Township: Sylvania
City: Oran (No. ..... St. ..... Ward)
Registration District No. 820
Primary Registration District No. 4496
File No. .....
Registered No. .....

2. FULL NAME: Geo Frank Brannock

(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.

JUL 29 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Zula Brannock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 15 1866

7. AGE: YEARS 64 | MONTHS 7 | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: John B
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Anna Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ky.
(STATE OR COUNTRY)

14. INFORMANT: Mrs Zula Brannock
(Address) Oran Mo

15. FILED 6/14 1931 J. Blickman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/14 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/1, 1931, to 5/14, 1931 that I last saw he alive on 5/14, 1931, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis

12A

(duration) ..... yrs. 6 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? —

(Signed) J. A. Clem, M. D
(Address) Oran 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: Paducah Ky
DATE OF BURIAL: 5/16 1931

20. UNDERTAKER: T. D. Heisserard
ADDRESS: Oran Mo