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.

JUL 22 1931

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

Do not use this space.

20637

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 652

City St. Joseph, (No. 1031 Angelique St. Ward)

2. FULL NAME John Alfred Brandt,

(a) Residence, No. 1031 Angelique St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Lucy H. Brandt,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1854

7. AGE: YEARS 76 — MONTHS 11 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): June 1930
11. Total time (years) spent in this occupation: 61 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville, Ohio,

FATHER

13. NAME: Martin Brandt,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Covington, Ohio,

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

17. INFORMANT (ADDRESS): Mrs. Ernest G. Steinbrunner 1031 Angelique Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora, DATE June 24, 1931

19. UNDERTAKER (ADDRESS): Weston-Hebole Bowman 319 S. 10 St. Funeral Home

20. FILED 6-24-31, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to June 23, 1931

I last saw him alive on June 22, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Rt. Hemiplegia due to Cerebral Hemorrhage
8 2 A
8 2 B

Date of onset: Jan. 1931

Other contributory causes of importance:
Arteriosclerosis general

Name of operation none Date of

What test confirmed diagnosis? Mgr. Exam 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) [signature], M. D.

(Address) 825 Charles St. Joseph, Mo.

F G Thompson