

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

Do not use this space.

24635

1. PLACE OF DEATH

County Dekalb
Township Camden
City Maysville (No., ..., ...)

Registration District No. 259
Primary Registration District No. 8359B

File No.
Registered No.
St. Ward)

2. FULL NAME Julia Amelia Brant

(a) Residence, No. St., ... Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emory H. Brant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 17th 1860</u>		
7. AGE <u>71</u>	YEARS <u>4</u>	MONTHS <u>8</u>
		DAYS <u>8</u>
		If LESS than 1 day, ... hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

13. NAME Spencer E. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Amelia Farris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Emory H. Brant (ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maysville Mo. DATE July 27th 1931

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville

20. FILED July 26 1931 J. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from 19..... to July 25th 1931
I last saw him alive on 20th July 1931. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Interstitial Myocarditis
131
23A
Other contributory causes of importance:
Chronic Glomerulonephritis
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? h

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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?
If so, specify
(Signed) U. G. Pilcher
(Address) Maysville, Mo

