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

Do not use this space.

File No. 380

Registered No. 28

1. PLACE OF DEATH

16 County Cape — Registration District No. 125

1 Township — Primary Registration District No. 3009

8 City Cape Girardeau Mo (No. St. Francis Hosp. St. Ward)

2. FULL NAME Virginia Eileen Brant

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apl. 8-1931

7. AGE: Years — Months: 9 — Days: 23 — 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.

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): Arcola Mo

FATHER

13. NAME: Elva Brant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co. Mo

MOTHER

15. MAIDEN NAME: Martha Lanspkina

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 2

17. INFORMANT (ADDRESS): Elva Brant Arcola Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Rampenmuellen (Cm) DATE: 2/2, 1932

19. UNDERTAKER (ADDRESS): Broplinghoff & Hubbard Illmo Mo.

20. FILED: 2/1, 1932 — Ove Kempfer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/31, 1932, to 1/31, 1932

I last saw he alive on 1/31, 1932. Death is said to have occurred on the date stated above, at m.

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

	Date of onset
9	
Bronchio-Pneumonia	
107A	

Other contributory causes of importance:

Pertussis	
9	

Name of operation: — Date of:

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? — 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: (1)

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Deutt, M. D.

(Address) Cape Girardeau Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 23 1932