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

Do not use this space.

1. PLACE OF DEATH

36 County Franklin — Registration District No. 296 — File No. 685

Township Union — Primary Registration District No. 5413 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Rosalia, C. 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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

FEB 4 1932

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: Female

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 Charles, H. Brandt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 6, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	7	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Ferdnand Iman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Carolina Hollman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Charles, H. Brandt
(Address) Union, Missouri

15. FILED Jan 4 1932 E. A. Sherberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3, 1932

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to Jan 3, 1932 that I last saw her alive on Jan 2, 1932, and that death occurred, on the date stated above, at 12:05 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cholecystitis

127B 127

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ✓

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Her House

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. A. Sherberger, M. D.

Jan 4, 1932 (Address) Union 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: Bethlehem Church Cemetery Union, Mo.

DATE OF BURIAL: Jan. 5 1932

20. UNDERTAKER: Union Furniture Co By Wm H Harn

ADDRESS: UNION?MO