

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.

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

Do not use this space.

1. PLACE OF DEATH
37 County Gasconade Registration District No. 3057
Township Osage Primary Registration District No. 5423
City (No. _____) St. _____ Ward _____
2. FULL NAME Mary E. Branson
(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.

File No. 4288
Registered No. 1
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Brester Branson
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1863
8. AGE YEARS 68 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
11. 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) Judge, Mo
13. NAME James Phelps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judge, Mo
15. MAIDEN NAME Dankas Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judge, Mo
17. INFORMANT Genny Helme
(ADDRESS) Mt. Sterling Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson City, Mo DATE 2-12-1932
19. UNDERTAKER W.F. Gettinsstrater
(ADDRESS) Owensville, Mo
20. FILED 2-16-1932 J.F. Kerrell
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-1932
22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1932, to 2-10, 1932
I last saw him alive on 2-9, 1932. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:
Heart Dec 1-31
Circus w/ Lin
abdominal dropsy
Other contributory causes of importance:
Old age
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? No
If so, specify _____
(Signed) Edw. Melles, M. D.
(Address) Owensville, Mo

2000-2001