

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

Do not use this space.

4955

File No. 818  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
Township Dave Primary Registration District No. 1002  
City Kansas City (No. 2820 Prospect)

**2. FULL NAME**

Geo. B. Brannum  
(a) Residence, No. 2820 Prospect St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Mo 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Brannum  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1858  
7. AGE YEARS 73 MONTHS 10 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Mo

FATHER 13. NAME Prober Brannum

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

MOTHER 15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Geo Brannum (ADDRESS) 2820 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE 2/29 1932

19. UNDERTAKER W. F. Mayberry (ADDRESS) 4/28 3rd St. M. Crown

20. FILED 4/28 3rd St. M. Crown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to Feb 27 1932  
I last saw him alive on Feb 27 1932 Death is said to have occurred on the date stated above, at 8:15 p.m.

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

Brought on by inability to swallow, due to pharyngeal paralysis. 670 1134 1323  
Other contributory causes of importance:  
Paralysis agitans

Date of onset Feb 21, 1932

Name of operation 8710 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) George O. Lee, M. D.  
(Address) 1002 Lytle City, Mo.

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

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.

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Anglo Saldy V. 2000

200 36<sup>th</sup> of the 5<sup>th</sup>