

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

Do not use this space.

7343

1. PLACE OF DEATH

8 County Benton Registration District No. 59 File No. _____
Township Williams Primary Registration District No. 5094 Registered No. 8
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Jacob Brandt

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-8-1857
7. AGE 74 YEARS 6 MONTHS 15 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Missouri /
13. NAME John Brandt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany / 10
15. MAIDEN NAME Metta Martens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT John Brandt
(ADDRESS) Sedalia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Braunsville DATE 3-25-1932 19.

19. UNDERTAKER E. L. Eichhoff
(ADDRESS) Cole Camp Missouri

20. FILE Apr 1 1932 Harry Bay Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-1932 19

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1932, to 3-23, 1932.
I last saw him alive on 3-23, 1932. Death is said to have occurred on the date stated above, at 12:45 P M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 9-23-32
11A
108 110W
Other contributory causes of importance: Influenza (1) 14th

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Harry Bay, M. D.
(Address) Cole Camp, 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.

APR 3 1932

