

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.

MAY 3 1932

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

Do not use this space.

11923

1. PLACE OF DEATH  
21 County Chariton Registration District No. 169  
Township Franklin Mo, Primary Registration District No. 5249  
City (No. ) St. Ward

2. FULL NAME Irma Jean Brands  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19-1920</u>		
7. AGE	YEARS	MONTHS
		<u>11</u>
		DAYS
		<u>29</u>
		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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton County Missouri</u>	
	13. NAME <u>Ralph Brands</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard County Missouri</u>	
	15. MAIDEN NAME <u>Laura Beckwith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County Missouri</u>	
	17. INFORMANT <u>Ralph Brands</u> (ADDRESS) <u>Shelby, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Asgou, Mo</u> DATE <u>April 20, 1932</u>	
	19. UNDERTAKER <u>Tommy Miller</u> (ADDRESS) <u>Glasgow, Mo.</u>	
	20. FILED <u>4/19</u> 19 <u>32</u> <u>Harry E. Dutton</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1932, to 4-18, 1932  
I last saw him alive on 4-18, 1932. Death is said to have occurred on the date stated above, at 3:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchitis Pneumonia  
Date of onset 4-17

Other contributory causes of importance:  
Influenza (7)

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) W. B. Hitcher, M. D.  
(Address) Glasgow, Mo.

