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.

NOV 28 1932

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

Do not use this space.

33260

1. PLACE OF DEATH

86 County Putnam — Registration District No. 719 — File No. 1

Township Elm — Primary Registration District No. 5950 — Registered No. 20

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

2. FULL NAME James A. Branscom

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Anise N. Branscom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1867

7. AGE: YEARS 65 — MONTHS 4 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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 18

FATHER

13. NAME John H. Branscom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri x

MOTHER

15. MAIDEN NAME Sarah Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) x 31

17. INFORMANT (ADDRESS) Mrs. Mivel Croft Worthington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Home DATE Oct. 26, 1932

19. UNDERTAKER (ADDRESS) F. O. Huston & Son Unionville, Mo.

20. FILED Oct 31, 1932. Durward Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Feb. 1931, to October 24, 1932
I last saw him alive on Oct. 24, 1932. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

Prostatic cancer. — Date of onset

SIC 57 C

Other contributory causes of importance: (1)

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? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) Worthington Mo.