

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.

JAN 8 1932

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

Do not use this space.
36702

1. PLACE OF DEATH
 County Pike Registration District No. 684
 Township Quince Primary Registration District No. 4408
 City Bowling Green (No. _____) St. _____ Ward _____

2. FULL NAME James Henry Lewis Brandt
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Drusilla Brandt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2nd 1869</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>3</u>
		DAYS
		<u>19</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 1</u>	
	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) <u>Monroe Co. 2</u> <u>see</u>		
FATHER	13. NAME <u>Henry Brandt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co</u> <u>see</u>	
MOTHER	15. MAIDEN NAME <u>Tabitha E. Whitesides</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co.</u> <u>see</u>	
17. INFORMANT <u>Mrs. Ida Pennington</u> (ADDRESS) <u>Bowling Green, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bowling Green Cemetery</u> DATE <u>11-23-1932</u>		
19. UNDERTAKER <u>Wm. J. DeLoach</u> (ADDRESS) <u>Bowling Green Mo.</u>		
20. FILED <u>12/10/32</u> 19 <u>32</u> <u>Wm. J. DeLoach</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Oct. 31 1932 to Nov. 21 1932
 I last saw him alive on Nov. 21 1932. Death is said to have occurred on the date stated above, at 10:45 P. M.
 The principal cause of death and related causes of importance were as follows:
Acute Bright's Disease Date of onset _____
GrA
130
920
 Other contributory causes of importance:
Arteriosclerosis (2)

Name of operation none Date of _____
 What test confirmed diagnosis? urine 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) Dr. F. W. Fitzgerald, Jr.
 (Address) Bowling Green, Mo.

