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 22 1933

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

Do not use this space.

1. PLACE OF DEATH
14 County Callaway — Registration District No. 104 — File No. 38676
2 Township ~~Fulton~~ — Primary Registration District No. 3008 — Registered No. 234
7 City Fulton (No. 4, ... St. ..... Ward)

2. FULL NAME Newt Brandon
(a) Residence, No. Columbia Mo. 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Unknown~~ 3/29 1847
7. AGE: about ~~85~~ 85 — YEARS — MONTHS 8 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ~~Unknown~~ 12/6 9/7
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): ~~Unknown~~ Mo 1

FATHER
13. NAME: Francis Brandon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va 2 8

MOTHER
15. MAIDEN NAME: Ann Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " Mo 1

17. INFORMANT (ADDRESS): Records of State Hospital #1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetery DATE 12/3 1932
19. UNDERTAKER (ADDRESS): Herndon Taylor Fulton Mo
20. FILED Dec 2 1932 R. N. Creus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 2, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932, to Dec. 2, 1932
I last saw him alive on Dec 1, 1932. Death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
12/6 9/7	

Other contributory causes of importance: Cholelithiasis (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) T. S. Lapp, M. D.
(Address) Fulton, Mo.