

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

Do not use this space.

23699

1. PLACE OF DEATH

63 County Mc Donnell
Township Genevieve
City..... (No.....)

Registration District No. 1149
Primary Registration District No. 5098

File No. 4
Registered No. 192
St. Ward)

2. FULL NAME Barbara Ann Bransteter

(a) Residence. No. Lanagan, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) XXXXX

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, Two hrs. or 10 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) XXXX
(c) Name of employer XXXX

9. BIRTHPLACE (CITY OR TOWN) Lanagan, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Morris Bransteter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Mo.
12. MAIDEN NAME OF MOTHER Eula Jane Snelling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

14. INFORMANT Morris Bransteter
(Address) Lanagan, Missouri.

15. FILED 7-7-33 Lee Cornell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 19 33

17. I HEREBY CERTIFY, That I attended deceased from July 4 19 33 to July 4 19 33
that I last saw her alive on July 4 19 33, and that death occurred, on the date stated above, at 9.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159 2 Hours 10 Min.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 15
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH XXXXXX

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Ingraham M. D.

, 19 (Address) Lanagan, Missouri.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Lanagan Mo 7-4-33
20. UNDERTAKER ADDRESS
none

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

