

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

Do not use this space.

26993

1. PLACE OF DEATH
 63 County Marion Registration District No. 541
 Township Jefferson Primary Registration District No. H 32-1
 City Belle St. _____ Ward _____
 2. FULL NAME George Thomas Branson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Chautauq (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1862
 7. AGE YEARS 70 MONTHS 1 DAYS 21
 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
 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) 7/78 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judge Mo.

13. NAME Chas Branson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.

15. MAIDEN NAME Elizabeth Potts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jim.

17. INFORMANT L. H. Wallace (ADDRESS) Belle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery near Belle DATE Aug 3-1933

19. UNDERTAKER G. R. Rickfield (ADDRESS) Belle Mo.

20. FILED Sept 11, 1933 Mrs. G. R. Rickfield Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-1-1933

I HEREBY CERTIFY, That I attended deceased from _____ 1933, p. Aug-1-, 1933.

I last saw him alive on July-31-, 1933. Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

Cancer of the Esophagus. 1932.

Other contributory causes of importance: Age & Starvation.

Name of operation None Date of _____

What test confirmed diagnosis Symptoms 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) J. R. Russell, M. D.

(Address) Belle, Mo.

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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 28 1933

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