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

Do not use this space.

36056

1. PLACE OF DEATH

County Cooper — Registration District No. 219 — File No. 2a

Township Kelly — Primary Registration District No. 5299 — Registered No. 26

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

2. FULL NAME John Adam Brandes

(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 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	5	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming & Bookkeeping

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Charles A. Brandes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hanover, Germany.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bavaria, Germany.
(STATE OR COUNTRY)

14. INFORMANT Ab. Brandes
(Address) Bunceton, Mo.

15. FILED 11/2, 1933 Hattie Pox [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1st 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Nov, 1933 that I last saw him alive on Nov 1st, 1933 and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma

112

8 [illegible]

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Possibly cerebral thrombosis

(duration) ..... yrs. ..... mos. 10 hours ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) W. H. Elliott, M. D.

, 1933 (Address) Bunceton Mo.

*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
Lone Elm Cemetery	Nov. 3 1933
20. UNDERTAKER	**ADDRESS**
L. G. Parker, Bunceton,	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.