

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 29
Township Lead Creek Primary Registration District No. 5038
City Cassville (No. _____) St. _____ Ward _____

File No. 3834
Registered No. 9

2. FULL NAME May Brandley

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Brandley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1881
7. AGE YEARS 52 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hr. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Spates Co., Mo

13. NAME A. T. Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles, Mo

17. INFORMANT Mr. Jim Holman
(ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shell Knob DATE 2-19-34

19. UNDERTAKER W. H. Koon
(ADDRESS) Cassville, Mo.

20. FILED 9-19 1934 J. W. Newman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to Feb. 1934

I last saw him alive on Feb. 17, 1934 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

arterial insufficiency Date of onset _____
90 A
Other contributory causes of importance: _____

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

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? _____

If so, specify Gloria H. Salzer M. D.
(Signed) Cassville, Mo.
(Address)

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.

