

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

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GasconadeRegistration District No. 308Township BourbonPrimary Registration District No. 0226

City _____ (No. _____)

File No. 20059

Registered No. _____

St. _____ Ward _____

2. FULL NAME Valentine Branson

(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. Whole life 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Branson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 - 18517. AGE YEARS 83 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 1930 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo.13. NAME Valentine Branson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo.15. MAIDEN NAME Orthie Sherrill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo.17. INFORMANT John Branson (ADDRESS) 912 S. Centenary St. Bloomington, Ill.18. BURIAL, CREMATION, OR REMOVAL Union Cemetery PLACE Union Cemetery DATE 6-17-193419. UNDERTAKER W. F. Gattensbacher (ADDRESS) Owensville Mo.20. FILE June 15 - 1934 Max Mather Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 193422. I HEREBY CERTIFY That I attended deceased from June 4, 1934, to June 12, 1934I last saw him alive on June 12, 1934 Death is saidto have occurred on the date stated above, at 5/23 am.

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

Senile marasmus + degeneration + extreme malnutrition.

Other contributory causes of importance: Fracture of femur + Vicious Union + inability to walk

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____

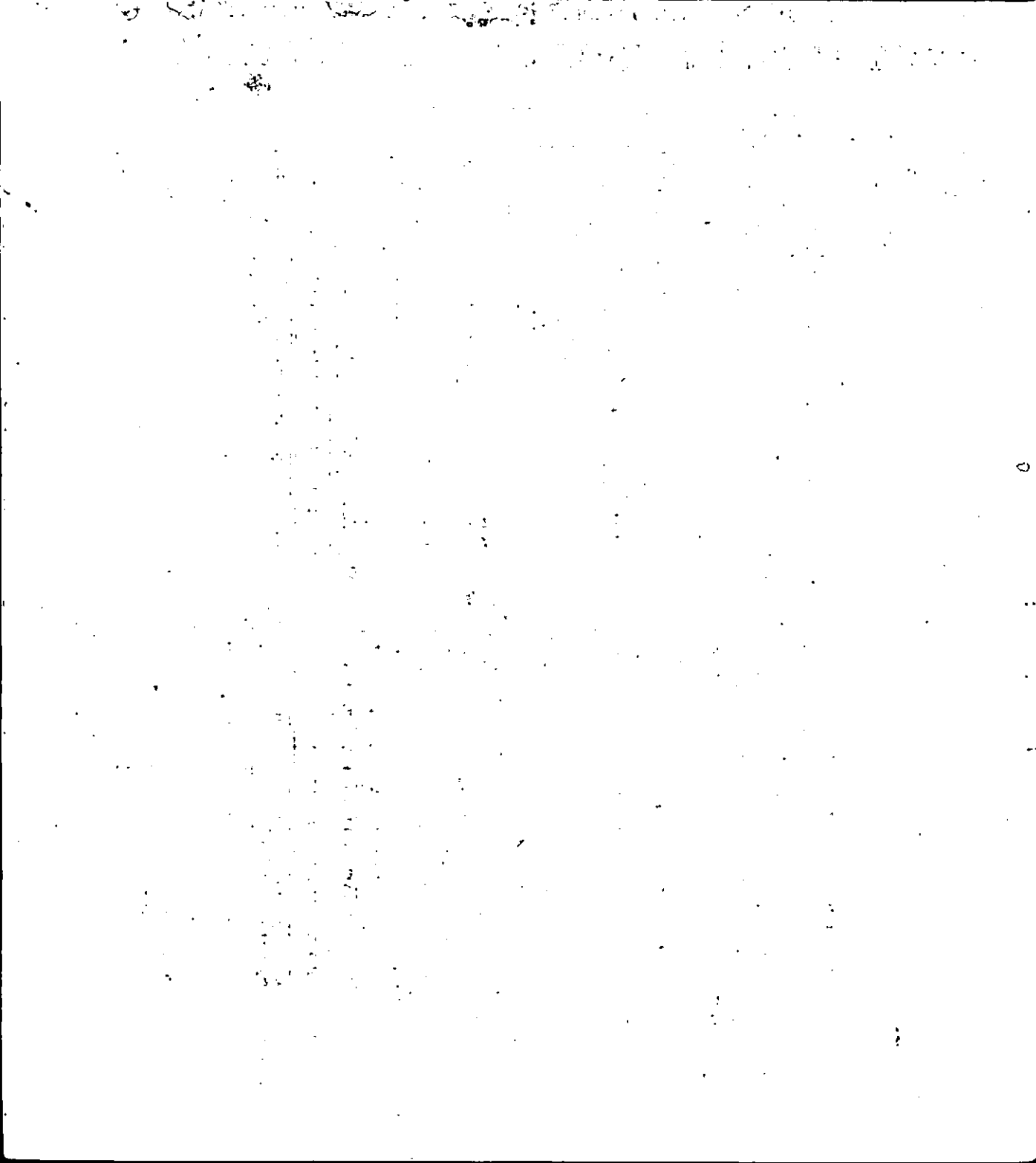
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Geo. H. Branan, M. D.(Address) Blount, Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lasconade

Registration District No. 308

Township

Primary Registration District No. 5426

City

(No.)

File No. 20059

Registered No.

St. Ward)

2. FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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, ... hrs. or min. 83 5 3

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Mar 16 1931 Mr. Mather Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from, 19..., to, 19...

I last saw him/her alive on, 19.... Death is said

to have occurred on the date stated above, at m.

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

Fract of femur
was a contributory cause
imposing confinement & led
to various lesions = extreme
crippling

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? on his farm

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall of load of fodder

Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify rather to his age

(Signed) Dr. H. H. H. H. M. D.

(Address) Blond

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FEB 20 1935

65002-5