

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.

SEP 29 1934

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

Do not use this space.

30115

## 1. PLACE OF DEATH

County Miss Registration District No. 566  
Township Jaywaddy Primary Registration District No. 576 2  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 118

## 2. FULL NAME

(a) Residence, No. County Jarvis Charleston Mo. 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <u>write</u> the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1857</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>About 77</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u>			
	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) <u>Unknown</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Chas. Haynes</u> (ADDRESS) <u>Charleston Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Aug 6<sup>th</sup></u> 19 <u>34</u>				
19. UNDERTAKER <u>Private</u> (ADDRESS) .....				
20. FILED <u>Aug 6<sup>th</sup></u> 19 <u>34</u> <u>J. S. Vernon</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5<sup>th</sup> 193422. I HEREBY CERTIFY, That I attended deceased from Aug 5<sup>th</sup> 1934 to Aug 5<sup>th</sup> 1934I last saw him alive on Aug 5<sup>th</sup> 1934 Death is saidto have occurred on the date stated above, at 5:15 P.M.

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

Acute Indigestion  
with fecal  
1934

Date of onset

Other contributory causes of importance:

Senility

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? no23. 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) Frank S. Vernon, M. D.(Address) Charleston Mo.

1948

1948

1948

#2 Mississippi

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

118

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Dan Brandt  
Who died at \_\_\_\_\_ on Aug - 5 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 27 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Acute Indigestion, with severity  
Cause of Indigestion not known took sick about one hour after eating  
breakfast had died with acute Indigestion

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

(Signature of Registrar Frank S. Brown) Date filed Nov 7th 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 566 Very truly yours, E. T. McLaugh

Primary Reg. Dist. No. 5962 State Registrar

Special Agent.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

MEMO

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

5-30-15

5-30-15

Special Agent in Charge

NEW YORK