

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

✓ Do not use this space.  
43651

JAN 10 1934

1040  
77# 5736

1. PLACE OF DEATH  
County Maries  
Township Miller  
City (No. ....) St. .... Ward .....

Registration District No. 77# 5736  
Primary Registration District No. 5740

File No. 61  
Registered No. 61

2. FULL NAME No name

(a) Residence, No. .... St. .... Ward .....

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/22/1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 4 days

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) New Dixon, Mo. (STATE OR COUNTRY) Marion Co., Mo.

MOTHER 13. NAME Emma Branson

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

15. MAIDEN NAME Oma Yookum

16. BIRTHPLACE (CITY OR TOWN) New Dixon, Mo. (STATE OR COUNTRY) Marion Co., Mo.

17. INFORMANT (ADDRESS) Leroy Yookum

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaton DATE Dec 27 1934

19. UNDERTAKER (ADDRESS) Fred H. Gilbert

20. FILED 12-29 1934 A. Stark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-22 1934, to Dec-26 1934

I last saw him alive on Dec 24 1934. Death is said to have occurred on the date stated above, at 10 a.m.

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

Injury to head caused by instrument fatal delivery which caused a brain hemorrhage

Other contributory causes of importance: 1500 1600

Name of operation 1600 Date of 1600  
What test confirmed diagnosis? none 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 Dec 22 1934

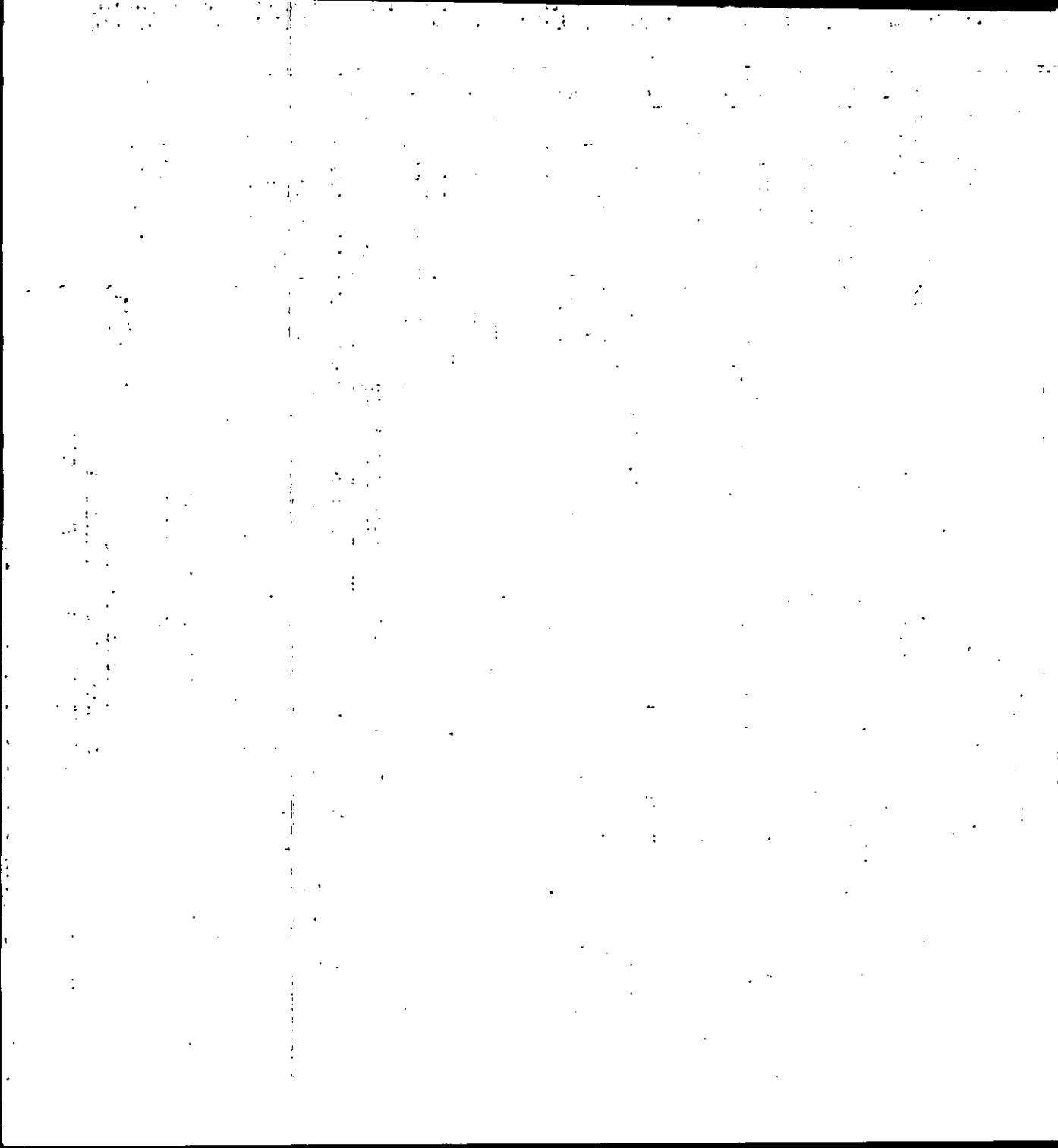
Where did injury occur during delivery (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. J. Grider, M. D.  
(Address) New Dixon, Mo.

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  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Macon Registration District No. 1040 File No. \_\_\_\_\_  
 Township Miller Primary Registration District No. 5736 Registered No. 1  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(Infant) Branson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1934 to Dec 26, 1934  
 I last saw him alive on Dec 24, 1934 Death is said to have occurred on the date stated above, at 10A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 22 - 1934

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 4

Injury to head caused by instrumental delivery - which caused Brain hemorrhage  
 Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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) \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Great Britain mo

FATHER 13. NAME Sammy Branson

Name of operation Celan Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

15. MAIDEN NAME One Yeakum

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Great Britain mo

17. INFORMANT (ADDRESS) Emily Yeakum

18. BURIAL, CREMATION, OR REMOVAL PLACE Deaton DATE Dec 27, 1934

19. UNDERTAKER (ADDRESS) Frank H. Gilbert Deaton mo

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. J. Credler, M. D.  
 (Address) Deaton mo

20. FILED 2-4, 1935 Ch. Winkelman Registrar

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

**JUR**

JAN 31 1965

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