WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

APR 1 1 1935

Do not use this space.

4645

1. PLACE OF DEATH

County: Cass — Registration District No.: 154

Township: ~~Index~~ — Primary Registration District No.: 4088

City: Garden City (No. ....., ..., St. ....., Ward)

File No. .....

Registered No. .....

19 7 3

2. FULL NAME: Fred Brandt

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31, 1854

7. AGE: Years 80 | Months 6 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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 .....

10 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Conrad Brandt

10 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Dorthy Fischer

10 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger.

17. INFORMANT (ADDRESS): Mable Brandt

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Garden City DATE: Feb 26, 1935

19. UNDERTAKER (ADDRESS): J. M. Kauffman, Garden City, Mo

20. FILED: Mar 1 1935 F. B. Ellis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Feb 24, 1935

I last saw h..... 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:

	Date of onset
apoplexy	

Other contributory causes of importance:

myocarditis

Name of operation: X Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? no

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

Accident, suicide, or homicide? NO Date of injury: X, 19.....

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

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

Manner of injury: X

Nature of injury: X

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

If so, specify .....

(Signed) Frank B. Ellis, M. D.

(Address) Garden City Mo