Brandon

OCT 17 1935

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

Do not use this space.

28822

1. PLACE OF DEATH

County Butler Registration District No. 89

Township Primary Registration District No. 3007

City Poplar Bluff (No. Brandon Hospital St. Ward)

File No.

Registered No. 173

2. FULL NAME Jennie Deane

(a) Residence, No. St., Ward. Sikeston Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1870

7. AGE: Years 64 | Months 8 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): New Madrid Missouri

FATHER

13. NAME: Nathon Fox

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

MOTHER

15. MAIDEN NAME: Addie Butler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Batton Rouge Louisana

17. INFORMANT (ADDRESS): Will Deane Sikeston, Missouri

18. ~~BURIAL, CREMATION, OR REMOVAL~~

PLACE Sikeston, Mo. DATE Sept. 5, 1935

19. UNDERTAKER Matthews cemetery Greer Funeral Service
(ADDRESS) Poplar Bluff, Mo.

20. FILED 9-5 1935 O. C. Citsinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 33, 1935, to Sept. 3, 1935

I last saw him alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 1:45 A. M.

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

Myocarditis, acute — Date of onset 8/15/35

Other contributory causes of importance:

Chronic nephritis

Name of operation None 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

(Signed) W. L. Brandon, M. D.

(Address) North Main, Poplar Bluff, Mo.

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.