

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.

JAN 15 1936

Dr. G. G. Gullham
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38992

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson City (No. 1202, Moreau Drive)

File No. _____
 Registered No. 345
 St. _____ Ward _____

2. FULL NAME Adolph Brandenberger

(a) Residence, No. 1202 Moreau Drive 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 Buela Brandenberger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
 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) St. Louis, Mo.

MOTHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Buela Brandenberger
 (ADDRESS) 1202 Moreau Jeff City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview Cem. DATE Dec. 3, 1935

19. UNDERTAKER Heinrichs Funeral Home
 (ADDRESS) Jefferson City, Mo.

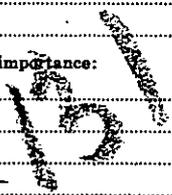
20. FILED 12/11/1935 W. B. Gullham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 - 7 - 1935, to 12 - 1 - 1935.
 I last saw him alive on 12 - 1 - 1935. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:
Chronic Pericarditis 1930
Chronic Myocarditis 1932
Obstruction 11-24-35

Other contributory causes of importance:


Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Dr. G. G. Gullham, M. D.
 (Address) Jefferson City, Mo.

