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

DEC 19 1935

Do not use this space.

40188

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 156
City Chillicothe (No. , St. Ward)

2. FULL NAME Mary Wharton Branson
(a) Residence, No. Hospital St., Ward. Kansas City, 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. 11 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 Hugh Branson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-5-1899

7. AGE YEARS 36 MONTHS 9 DAYS 2 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) Green Bow North Carolina

FATHER
13. NAME Wallace C Wharton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Bow North Carolina

MOTHER
15. MAIDEN NAME Cordelia Hagan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Bow North Carolina

17. INFORMANT (ADDRESS) Hugh Branson Gaussan City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville Ark. DATE Dec-9-1935

19. UNDERTAKER (ADDRESS) Jas D Gordon Chillicothe Mo

20. FILED Dec. 7 1935 Donald M. Dawell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1935, to Dec. 7, 1935
I last saw her alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 12:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain injury	
(Severe Concussion with Laceration of Brain Substance)	Nov 26 35

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis symptoms there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 26, 1935
Where did injury occur? Livingston Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway 36 (U.S.)
Manner of injury Auto Collision
Nature of injury Brain Injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C M Grace, M. D.
(Address) Chillicothe Mo