

1936 FEB 7

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

Do not use this space.

1615

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township 2 East Primary Registration District No. 1002  
City Camassey (No. RC Gen Hosp)

File No. \_\_\_\_\_  
Registered No. 469  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 3016 Chestnut Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28, 1936  
22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1936 to 1-28, 1936  
I last saw him alive on 1-27, 1936 Death is said to have occurred on the date stated above, at 1:20 PM  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1885  
7. AGE YEARS 50 MONTHS 11 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Acute Hemorrhagic Pyelonephritis; Cystitis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance Bronchopneumonia

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
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) Louisiana (STATE OR COUNTRY) Miss

FATHER  
13. NAME Charles Brander  
14. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Jones  
16. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)

17. INFORMANT Peard Clark (ADDRESS) RC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hills DATE 1-31, 1936

19. UNDERTAKER Blackman (ADDRESS)

20. FILED 1-30, 1936 M. M. Osborne Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
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) J. H. Jensen, M. D.  
(Address) RC Gen Hosp

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

