

APR 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
City Hospital No. 1

File No. 16924  
Registered No. 3674  
St. .... Ward

2. FULL NAME Edward Branson

(a) Residence, No. 1737a Preston Pl. St. 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1899

7. AGE YEARS 37 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

13. NAME Nathan Branson

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Melva Phelps

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Tillie Branson (ADDRESS) 1737a Preston Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE April 6 1936

19. UNDERTAKER A. W. Laughlin (ADDRESS) 2501 Lafayette Ave

20. FILED APR 4 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3/36

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:50 a.m.

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

Gunshot wound of abdomen self-inflicted at residence (Date of onset)

Other contributory causes of importance: 167

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? suicide Date of injury 4/3/36

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

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

Manner of injury gun

Nature of injury.....

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

If so, specify.....

(Signed) Harold P. Kelly M.D.

(Address) St. Louis, 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.

RECORD

