

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

Do not use this space.

22921

2853

JUL 24 1936

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Keosauqua

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Ottie Branch

(a) Residence, No. 1821 E. 16<sup>th</sup> St. .... Ward. ....

(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 <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 24-36</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>2</u>
		DAYS
		<u>18</u>
		If LESS than 1 day, ..... hrs. or ..... min.

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

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) Keosauqua

13. NAME Walter Branch

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

15. MAIDEN NAME Marie Williams

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

17. INFORMANT Marie Branch  
(ADDRESS) 1821 E. 16<sup>th</sup>

18. BURIAL, CREMATION, OR REMOVAL Hughland Cemetery 6-13-36

19. UNDERTAKER Flynn & Co.  
(ADDRESS) Keosauqua

20. FILED 6-13-36 in m. Crowe and Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-36, 19...

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...  
I last saw him/her on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:  
Thyroid hyperplasia  
status lymphaticus

Date of onset

Other contributory causes of importance: None

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) [Signature], M. D.  
(Address) [Signature]

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.

