

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

Do not use this space.

30056

**1. PLACE OF DEATH**

County Butler Registration District No. 89  
 Township ..... Primary Registration District No. 3007  
 City Poplar Bluff, Mo. (No. Brandon Hospital) St. .... Ward)

**2. FULL NAME Joseph M. Brandon**

(a) Residence, No. .... St. .... Ward. Dexter, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mrs. Anna Brandon</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 17, 1845</b>		
7. AGE YEARS <b>91</b>	MONTHS <b>1</b>	DAYS <b>5</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Veterarian</b>
	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) Carbondale  
 (STATE OR COUNTRY) Illinois

13. NAME Thomas Brandon

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. Walter Brandon  
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Carbondale, Ill. DATE 8/24 1936

19. UNDERTAKER Frank Und. Co.  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 8/23 1936 Obutinger  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 - 1936

I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1936 to Aug 22, 1936  
 I last saw him alive on Aug 22, 1936 Death is said to have occurred on the date stated above, at 3:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis July 1936  
92  
 Other contributory causes of importance:  
Pulmonary edema Aug 21-1936

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. P. Stuebel M. D.  
 (Address) Poplar Bluff, 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.

