

DEC 4 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County ShannonRegistration District No. 824Township AllenPrimary Registration District No. 6276City Allen (No. 1289)File No. 40071Registered No. 10076St. Mo Ward 

## 2. FULL NAME

(a) Residence, No. Samuel R. Brannon St.  Ward 

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Brannon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 3 - 18577. AGE YEARS 79 MONTHS 8 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Mo13. NAME Valentine Brannon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Bertha Shurill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Samuel Brannon (ADDRESS) Allen Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Allen - Mo DATE 10 - 28 - 193619. UNDERTAKER none (ADDRESS)20. FILED 10 - 28 - 1936 Frank Loyde Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 193622. I HEREBY CERTIFY, That I attended deceased from July - 1 - 1936 to Oct - 27 - 1936I last saw him alive on Oct - 1 - 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

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

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) Frank Loyde M. D.(Address) Allen 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.

