

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

Do not use this space.

45770

JAN 22 1937

1. PLACE OF DEATH

County Phelps
Township Arlington
City (No., St., Ward

Registration District No. 676
Primary Registration District No. 5988
5899

File No.
Registered No. 16
St. Ward

2. FULL NAME

Andrew Jackson Branson

(a) Residence, No. 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 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: Narcissus Branson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 - 1859

7. AGE YEARS 77 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.....
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) Osage County Mo.

13. NAME Andy Branson

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

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Wm L H Harris (ADDRESS) Wm L H Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE Judgesbury DATE Dec 27 1936

19. UNDERTAKER Lee Johnson (ADDRESS) Lee Johnson

20. FILED 12/25 1936 B.T. Seward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1936 to Dec 24 1936

I last saw him alive on Dec 22 1936. Death is said to have occurred on the date stated above, at 11 P. m.

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

Terrific pneumonia

Date of onset

Other contributory causes of importance

Chronic nephritis

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?.....

If so, specify B.T. Seward M. D.

(Signed) B.T. Seward (Address) Newburg 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.

MAY 1 1957