

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Fair
City (No. 2)

Registration District No. 696
Primary Registration District No. 5925

File No. 2624
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leather Brandenburg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24 1909</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>9</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>23 1/2</u>
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 10 1937, to Jan 30 1937, 1937
I last saw him alive on Jan 19 1937, 1937. Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 1/15/37

Other contributory causes of importance:
Rubella Date of onset 1/28/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
13. NAME <u>James R. Hill</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
15. MAIDEN NAME <u>Lizzie Florence</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
17. INFORMANT <u>Eddy Heide</u> (ADDRESS) <u>Platte City, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Pleasant Ridge</u> DATE <u>2-1-37</u>
19. UNDERTAKER <u>L. P. Reisinger</u> (ADDRESS) <u>Platte City, Mo.</u>
20. FILED <u>2/8</u> 19 <u>37</u> <u>Mrs. Fannie E. Murray</u> Registrar.

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) Frank Redvers, M. D.
(Address) Platte City, 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.

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