

MAR 19 1937

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

Do not use this space.

5848

1. PLACE OF DEATH

37 County Gasconade
4 Township Canaan
2 City Quenerville (No.)

Registration District No. 306
Primary Registration District No. 4184

File No.
Registered No. 7 (Ward)

2. FULL NAME

Le Roy James Branscum
(a) Residence, No. Quenerville Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1935

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief
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), Louisville (STATE OR COUNTRY) Kentucky

13. NAME Le Roy Branscum

14. BIRTHPLACE (CITY OR TOWN), Burnside (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lela Corander

16. BIRTHPLACE (CITY OR TOWN), Burnside (STATE OR COUNTRY) Kentucky

17. INFORMANT Le Roy Branscum Sr. (ADDRESS) Quenerville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quenerville City Cem. DATE Feb. 3, 1937

19. UNDERTAKER J. J. Murray (ADDRESS) Quenerville Mo.

20. FILED 2-16 1937 J. J. Perrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1937 to 2-1-1937

I last saw him alive on 1-30-1937. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Ch. Pneumonia, Bron.

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....., 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) Edna Mellies, M. D.

(Address) Quenerville 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.

