APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No. 13349
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 25
City Valley Park (No. 211 Merimac Sta. Rd. St. Ward)

2. FULL NAME John Brandson
(a) Residence, No. 211 Merimac Sta Rd. 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: Martha Brandson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 3 1855

7. AGE: YEARS 81 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Missouri

FATHER
13. NAME: Wash Brandson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Marthia Brandson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Wm C. Brandson, 211 Merimac Sta Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill Cem DATE: Feb 15, 1937

19. UNDERTAKER (ADDRESS): Louis H. Boppe, 131 W Argonne Dr Kirkwood Mo

20. FILED: 2-13, 1937 Agnes C. Kelly, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937, to Feb 11, 1937
I last saw him alive on Feb. 11, 1937. Death is said to have occurred on the date stated above, at 7 P?M?
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2-7-37
Arteriosclerosis	

Other contributory causes of importance:

82a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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 Not related
(Signed) Orson R. Timm, M. D.
(Address) Manchester, 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.