

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

21 County Chariton
Township Brunswick
City Brunswick (No. _____)

Registration District No. 169
Primary Registration District No. 5235

File No. 16013
Registered No. 19
St. _____ Ward _____

2. FULL NAME NELLE ANN BRANDT

(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 Female 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 F. W. Brandt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-21-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Brunswick Mo.13. NAME E. W. Musicie14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.15. MAIDEN NAME Eva L. Vickers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.17. INFORMANT F. W. Brandt (ADDRESS) Brunswick Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo. DATE Apr 11 193719. UNDERTAKER E. W. Musicie (ADDRESS) Brunswick Mo.20. FILED Apr. 10 1937 Harry E. Tatum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1937I HEREBY CERTIFY, That I attended deceased from March 1 1907 to April 9 1937, 1937I last saw her alive on April 9 1937, 1937. Death is said to have occurred on the date stated above, at 2:35 P.M.

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

Cancer of mesentery
Generalized

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 _____, 1937

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) R. P. Price, M. D.

(Address) Empire 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.

