

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

89 County Ray
6 Township
4 City Richmond (No. 2)

Registration District No. 744
Primary Registration District No. 2135

File No. 21120
Registered No. 54
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Oct 31 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
62 69 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) Ohio

13. NAME Edam Branstetter

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

15. MAIDEN NAME Lorella Muts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Frank Branstetter
(ADDRESS) Hardin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Mo DATE 5/30/37

19. UNDERTAKER C. M. Jorney
(ADDRESS) Richmond Mo.

20. FILED 6/10-37 May B. McDonald
(Address) Richmond Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Acute Dilatation of heart
Chronic interstitial nephritis
Other contributory causes of importance: MI
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical History 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 _____ (Signed) Dr. G. W. Gaines, M. D.
Richmond 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.

