

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 26863
Township 3009 Primary Registration District No. 3009 Registered No. 212
City Cape Girardeau 812 South Spring St. Ward

2. FULL NAME

Richard E. Brandon

(a) Residence, No. 812 South Spring 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

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

Child

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

Jan 8 1935

7. AGE YEARS MONTHS DAYS

2

MONTHS

5

DAYS

29

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Child

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)

Cape Girardeau, Mo.

FATHER

13. NAME

William Brandon

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

St. Louis, Mo.

MOTHER

15. MAIDEN NAME

Mary Cook

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

Cape Girardeau, Mo.

17. INFORMANT (ADDRESS)

Mr. & Mrs. Wm. Brandon
Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys Cem. DATE July 8 1937

19. UNDERTAKER (ADDRESS)

Thomas J. Federal Home
Cape Girardeau, Mo.

20. FILED

7-7-37 Jim Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1937

22. I HEREBY CERTIFY, that I attended deceased from 7/1, 1937, to 4/4, 1937

I last saw him alive on 4/14, 1937. Death is said to have occurred on the date stated above, at 9:45 P.M.

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

malnutrition
Rachitis

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 , 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) , M. D.(Address) Base Squadron

