

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.

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

Do not use this space.

OCT 21 1937

1. PLACE OF DEATH

County *Marion*  
Township *S. Miller*  
City *Marion* (No. *1*)

Registration District No. *1040*  
Primary Registration District No. *6276*

File No. *34737*  
Registered No. *8*  
St. *Marion* Ward

2. FULL NAME

(a) Residence, No. *1* St. *Marion* Ward. (If nonresident, give city or town and State)  
(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.

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 *Lillie Brandt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3/9/1877*

7. AGE YEARS *59* MONTHS *5* DAYS *28* If LESS than 1 day, hrs. or min.

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

13. NAME *William Brandt*

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

15. MAIDEN NAME *Heneretta Vehmeyer*

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

17. INFORMANT *Mrs Lillie Brandt* (ADDRESS) *Marion Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Layman* DATE *Sept 8* 19*37*

19. UNDERTAKER *Fred H. Gilchrist* (ADDRESS) *Marion Mo*

20. FILED *9-17* 19*37* *Curwinkelman* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 7* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 6* 19*37*, to *Sept 7* 19*37*

I last saw him alive on *Sept 7* 19*37*. Death is said to have occurred on the date stated above, at *2:15* p.m.

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

*Dilation of Heart* Date of onset *Sept 6*

Other contributory causes of importance:  
*Enlarged prostate*  
*Duration 4 years*

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? *No*  
If so, specify *Is 8 taken over*  
(Signed) *Is 8 taken over*, M. D.  
(Address) *Marion Mo*

