

DEC 14 1937

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

Do not use this space.

40511

1. PLACE OF DEATH

County AdairRegistration District No. 4File No. 40511Township KirksvillePrimary Registration District No. 3001Registered No. 210City Kirksville (No. Green-Smith Hospital St. Ward)2. FULL NAME Willis Walter Brantner(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

MEDICAL CERTIFICATE OF DEATH

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 Ethel Brantner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 5 1

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) Mo.

13. NAME Aaron C. Brantner

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

15. MAIDEN NAME Annie Parker

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

17. INFORMANT Des Fanning (ADDRESS) North Salem, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cem. DATE Nov. 9 1937

19. UNDERTAKER Glenn E. Kent (ADDRESS) Green City, Mo

20. FILED No. 9 1937 Spencer L. Freeman Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1937 to 11-7 1937

I last saw him alive on 11-7 1937 Death is said to have occurred on the date stated above, at 4:53 P.M.

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

Paralytic ileus (obstruction) Date of onset 10-

(probably due to mesenteric embolism or thrombosis)

Other contributory causes of importance: Myocardial failure 99 11-7-37

Name of operation None Date of What test confirmed diagnosis? X-ray 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? If so, specify (Signed) George E. Grinn M. D.(Address) Kirksville, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Brantner