DEC 15 1937

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

Do not use this space.

File No. 40837
Registered No. 627

1. PLACE OF DEATH
County: Callaway
Township: Cedar
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 109
Primary Registration District No. 3758

2. FULL NAME: Eliza Branch

(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: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Branch dec

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3 - 1853

7. AGE: Years 84 74 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Thomas Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Rachel Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT: Ray Branch
(ADDRESS): Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Ridge DATE: Mar 22, 1937

19. UNDERTAKER: Ray Branch
(ADDRESS): Fulton Mo

20. FILED: Mar 24, 1937 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Mar 21, 1937
I last saw h. alive on Mar 20, 1937. Death is said to have occurred on the date stated above, at 5-15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
Other contributory causes of importance: None	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) [illegible], M. D.
(Address) [illegible]

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.