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.

REC'D MAR 15 1938

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

Do not use this space.

File No. 6288

Registered No. 633

1. PLACE OF DEATH

County Callaway

Township Summit

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 109

Primary Registration District No. 5162 A

2. FULL NAME Nealy Odell Branch 652

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert C. Branch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/29/1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	8	21	

OCCUPATION

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

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

FATHER

13. NAME L. A. Wilson

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

MOTHER

15. MAIDEN NAME Mary Foster

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

17. INFORMANT Robert C. Branch
(ADDRESS) Holt Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wainwright, Mo DATE 1/21/1938, 19

19. UNDERTAKER Ray A. Holt,
(ADDRESS) New Bloomfield, Mo.

20. FILED Mar 10, 1938 Emil Rush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20/1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Jan 20, 1938

I last saw her alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 1-20 p.m.

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

	Date of onset
Carcinoma of breast	
50	

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Not 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) Emil Rush, M. D.

108 (Address) Bloomfield Mo

2 0 1953