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 17 1938

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

Do not use this space. 7063

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township Galena — Primary Registration District No. 2002 — Registered No.
(c) City Joplin, Mo. — (d) Street No. St. Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EVERETT LEE BRAND - 653
(a) Residence, No. Galena, Kansas St. ☐ Galena Kan.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th 1935

7. AGE: YEARS 2 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as 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) Galena, Kansas

FATHER
13. NAME Charles F. Brand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena, Kansas

MOTHER
15. MAIDEN NAME ~~Ethel~~ Vera Matthews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Oklahoma

17. INFORMANT (ADDRESS) Father - Charles Brand Galena, Kansas

18. ~~BURIAL, CREMATION, OR~~ REMOVAL — PLACE Oakhill Cemetery — DATE 2-15 1938 — Galena, Kan.

19. FUNERAL DIRECTOR (ADDRESS) Boone Und. Co Galena Kansas

20. FILED 2-14 1938 Ed D Jasper Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1938, to Feb. 13th 1938
I last saw him alive on Feb. 13th 1938. Death is said to have occurred on the date stated above, at 2:23 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsillitis (Streptococcus)	2/7/38
91 a/	

Other contributory causes of importance:

Acute endocarditis	2/9/38

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) Mill Mtn Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John A. Schoeneman, Licensed Embalmer No. 3130.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John A. Schoeneman

Employed By Boice Undertaking Co. Galena, Kansas

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John A. Schoeneman,

Licensed Embalmer No. 3130.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)