

APR 2 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Newton  
Township Wentworth  
City Wentworth (No. \_\_\_\_\_)

Registration District No. 612  
Primary Registration District No. 4579

File No. 11608  
Registered No. \_\_\_\_\_

2. FULL NAME

Martin L. Branham 655

(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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Branham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, .....hrs. or .....min.
	<u>74</u>	<u>9</u>	<u>26</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ministry

10. Date deceased last worked at this occupation (month and year) Feb. 1938 11. Total time (year) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentworth, Illinois

13. NAME Thomas L. Branham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Ida Wagner  
(ADDRESS) Wentworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL Washing Co. 3/14 38  
(ADDRESS) Kansas City, Mo. DATE

19. UNDERTAKER By-lage Funeral Home  
(ADDRESS) Sarasota, Mo.

20. FILED 3-12 1938 Grace Hudson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1938 to 3-11 1938

I last saw him alive on 3-11 1938 Death is said to have occurred on the date stated above, at 2:20 P.M.

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

Cerebral Apoplexy. Date of onset \_\_\_\_\_  
hypertension

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 L. A. Peterson, D.O. M. D.  
(Signed) Sarasota, Mo.  
(Address)

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.

OCCUPATION  
FATHER  
MOTHER

