

REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County PHelpsRegistration District No. 678Township ST JAMESPrimary Registration District No. 5904City St. James (No. 653)St. St. James Ward 653File No. 22673Registered No. 226732. FULL NAME AMY BRANDON(a) Residence, No. St. James Mo. St. St. James Ward 653

(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

FEMALE

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 G. F. BRANDON6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-1876

7. AGE

YEARS 82MONTHS -DAYS -

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓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) 1111. Total time (years) spent in this occupation 1112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BIRMINGHAM ENGLAND13. NAME HENRY PERKINS14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BIRMINGHAM ENGL.15. MAIDEN NAME EMMA ASTON16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BIRMINGHAM ENGL.17. INFORMANT (ADDRESS) H. E. Brown18. BURIAL, CREMATION, OR REMOVAL PLACE Megaron Cemetery DATE 5/20/3819. UNDERTAKER (ADDRESS) James J. Lee20. FILED 65- 1938 Elsie B. Doud Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 193822. I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 18, 1938I last saw her alive on May 18, 1938 Death is saidto have occurred on the date stated above, at 8:15 a.m.

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

Injured by a fall; fracture of left femur (great trochanter) Date of onset May 14, 1938

Other contributory causes of importance:

Chronic myocarditis 1930Name of operation Adjustment Date of 5-14-38What 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 1938Where did injury occur? St. James (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall down (side walk) in public placeNature of injury fractured femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. V. Hammler, M. D.(Address) St. James, Mo.

