

REC'D NOV 3 1938

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

Do not use this space.

35650

1. PLACE OF DEATH

County *Amos*
Township *Amos*

Registration District No.

305

Primary Registration District No.

5422

City

652

(No)

2. FULL NAME

Wm. Keith Branson

(a) Residence, No.
(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W

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)

July 23 - 23

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

15

2

28

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

None

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)

Union Mo

13. NAME

Harry Branson
LINN

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

Union Mo

15. MAIDEN NAME

Alta Phelps

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

Linn Mo

17. INFORMANT
(ADDRESS)

Mrs. A. Hohenstreet
Quincyville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Quincyville*

DATE *Mo. 10/23/38*

19. UNDERTAKER
(ADDRESS)

T. F. Gathunshofer

20. FILED

10/23/38

J. F. Ferrell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10/21/38* . 19

22. I HEREBY CERTIFY, that I attended deceased from
Coroner's Inquest . 19 . to . 19 .

I last saw h. alive on . 19 . Death is said

to have occurred on the date stated above, at .

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

Hydrophobia Date of onset

State Board Laboratories

and Coroner's Inquest

Other contributory causes of importance:

0

0

21

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) *Chas. Burge* , M. D.

(Address) *271. Bland Mo*

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.

