

1938 DEC 12 1938

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

37740  
Do not use this space.

1. PLACE OF DEATH  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City ..... (d) Street No. **City Infirmary.** St.  
 (e) Length of residence in city or town where death occurred **18** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME **Thomas R. Branson.**  
 (a) Residence, No. **5800 Arsenal St.** St. **13** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**  
 4. COLOR OR RACE **White**  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 15, 1859.**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**77** 9 8 5  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer.**  
 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) **Missouri.**  
 13. NAME **Riley Branson.** Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri** 0  
 15. MAIDEN NAME **Martha Lemons**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina** 1  
 17. INFORMANT (ADDRESS) **E. Kolony, 5800 Arsenal St.**

18. BURIAL INFORMATION OR REMOVAL to (Motor) PLACE **Bland, Mo.** DATE **11/21/38.**

19. FUNERAL DIRECTOR **A. W. McLaughlin** (ADDRESS) **2301 Lafayette Avenue**

20. FILED **NOV 21 1938** **Dr. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 20, 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **August 6,** 19**27** to **November 20,** 19**38**  
 I last saw him alive on **November 20,** 19**38** Death is said to have occurred on the date stated above, at **7:40** m. P.M.  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis**  
 Date of onset  
 Other contributory causes of importance:  
 Name of operation **None** Date of  
 What test confirmed diagnosis? **Hist. etc.** 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) **George M. Pile** M. D.  
 (Address) **City Infirmary.**

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.

STATEMENT BY LICENSED EMBALMER

I, Rex C Campbell

Licensed Embalmer No. 3985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Raymond C Hehrke

L. E.

No. 3985 or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Rex C Campbell

Licensed Embalmer No. 3881

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