REC'D OCT 12 1939

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

Do not use this space.

33043

File No.

Registered No. 24

70 1. PLACE OF DEATH

County Montgomery 2

Township Bearcreek 1

City ~~Bellflower Mo.~~ (No. , St. Ward)

Registration District No. 5789

Primary Registration District No. 5787a

10 52

2. FULL NAME Clista Diantha Branstetter.

(a) Residence, No. Bellflower Mo (Country) St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Finley Branstetter.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1849.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
90	0	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1937.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Erie Co New York. 1

FATHER

13. NAME McCabah Willet. 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York. 1

MOTHER

15. MAIDEN NAME Ruth Wilcox.

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

17. INFORMANT Mrs Walter Noe
(ADDRESS) Bellflower Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Owens Cem DATE Oct 1'st, 1939
Near Truxton Mo,

19. UNDERTAKER Clayton Jones
(ADDRESS) Bellflower Mo

20. FILED Oct 1, 1939 Mary Lou Flumer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to Sept 28, 1939
I last saw her alive on Sept 28, 1939. Death is said to have occurred on the date stated above, at 8:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Chronic Hypertensive	
Chronic Interstitial Nephritis	
Cardiac Decompensation	9/28/39
Arteriosclerosis	

Other contributory causes of importance:

131

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? No
If so, specify

(Signed) A. H. Van Arsdale, M.D.
(Address) Bellflower, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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