

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

Do not use this space.

38658

File No. _____
Registered No. 4422
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Flaw Primary Registration District No. 1002
City Kansas City, Mo. 11th District

2. FULL NAME

Wm. Paul M. Branch
(a) Residence, No. 1316 - M^e Bee St. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Martha Branch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>11</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Owner
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) Moine

13. NAME No Record.

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

15. MAIDEN NAME No Record.

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

17. INFORMANT (ADDRESS) Martha Branch
1305 - Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 11-20-39

19. UNDERTAKER (ADDRESS) Bergman Funeral Home

20. FILED Nov 20 1939 M. M. Kerover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____

I last saw him live on _____, 19____. Death is said to have occurred on the date stated above, at _____, _____, _____, Mo.

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

Chronic Myocarditis
93c

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____ specify _____

(Signed) Russell W. Fein, M. D.
(Address) Nov 20

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.

