

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.

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

Do not use this space.

44488

1. PLACE OF DEATH

County St. Clair Registration District No. 761
Township Monegaw Primary Registration District No. 6014
City Ohio (No. _____) St. _____ Ward _____

File No. _____
Registered No. 38

2. FULL NAME Mary B. Branon

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 17 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) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Edward Branon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper
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) Ohio
Missouri

MOTHER FATHER 13. NAME John F. Warney

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

15. MAIDEN NAME Mary A. Sheffer

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

17. INFORMANT Mrs. Mabel Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE Dec. 27 1939

19. UNDERTAKER Tan Hartst.
Deepwater - Mo.

20. FILED Dec. 26 1939 Ohio Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1939, to Dec 25 1939

Last saw him alive on Dec 17 1939 Death is said

to have occurred on the date stated above, at 1:00 p. m.

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

Carcinoma of liver

Other contributory causes of importance: Hb

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. H. H. H. M. D.
836 (Address) Appleton City, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 148-93
Date Filed 1-7-40