

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.

AUG 16 1940

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

Do not use this space.

25073

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Township East Primary Registration District No. 4172
City Kennett Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Daronda Jay Branch
(a) Residence, No. Kennett 4172 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 2

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

13. NAME Daronda Branch

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

15. MAIDEN NAME Bulah Crawford

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

17. INFORMANT Daronda Branch (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory Ave DATE 8-4 1940

19. UNDERTAKER W. H. ... (ADDRESS) Kennett Mo

20. FILED 8-5 1940 W. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1940, to August 3, 1940
I last saw her alive on August 3, 1940. Death is said to have occurred on the date stated above, at 7:12 a.m.
The principal cause of death and related causes of importance were as follows:

Whooping Cough
Other contributory causes of importance: 9

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) W. H. ... M. D.
(Address) 207 South Main
Kennett, Mo.

RECEIVED

District Health Officer, No

District File Number 840-13

Date Filed 8/12/4