

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

Do not use this space.

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.

1. PLACE OF DEATH

County Buchanan
 Township St. Joseph,
 City St. Joseph, (No. 2808 Olive)

Registration District No. 85
 Primary Registration District No. 1001

File No. 7904
 Registered No. 347
 St. _____ Ward _____

2. FULL NAME Harry Jackson Brandow,

(a) Residence No. 2808 Olive St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 29 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) Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1925

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	2	9	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
 (STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Orman F. Brandow,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Peoria,
 (STATE OR COUNTRY) Illinois,

12. MAIDEN NAME OF MOTHER Gertrude Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Burlington
 (STATE OR COUNTRY) Iowa,

14. INFORMANT Mrs. Gertrude Bowman
2808 Olive Street.

15. FILED 19 1928
John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18, 1928

17. I HEREBY CERTIFY, That I attended deceased from June
1926, to March 17, 1928
 that I last saw him alive on March 17, 1928, and that death occurred, on the date stated above, at 6:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

typhoid
Inherited

CONTRIBUTORY (SECONDARY) 38

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
Charles F. Werner, M. D.

March 18, 1928 (Address) 315 Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or (2) if from INJURY, CAUSE OF INJURY, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

City Cemetery

DATE OF BURIAL

March 20, 1928

20. UNDERTAKER

Seaton-Bryce Bowman

ADDRESS

319 S. 10 St.

Funeral Home

