

APR 24 1929

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

Do not use this space.

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1. PLACE OF DEATH

County Madison Registration District No. 547
Township Wagon Primary Registration District No. 3029
City Hannibal (No. 2504 Plat West Perry) St. 6 Ward

File No. _____
Registered No. 327
St. 6 Ward

2. FULL NAME

Henry J. Branham
(a) Residence. No. 1242 Perry St., 6 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 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 Lucille Branham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 - 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 | 7 | 1 | — hrs. or — min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER W. B. Branham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion Co. Missouri
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Alice Graham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion Co. Missouri
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. A. P. Branham
(Address) Hannibal, Mo

15. FILED 12/11, 1928 C. L. Lunde REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10-1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ about 11:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unwitnessed auto accident
Car driven by Self

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

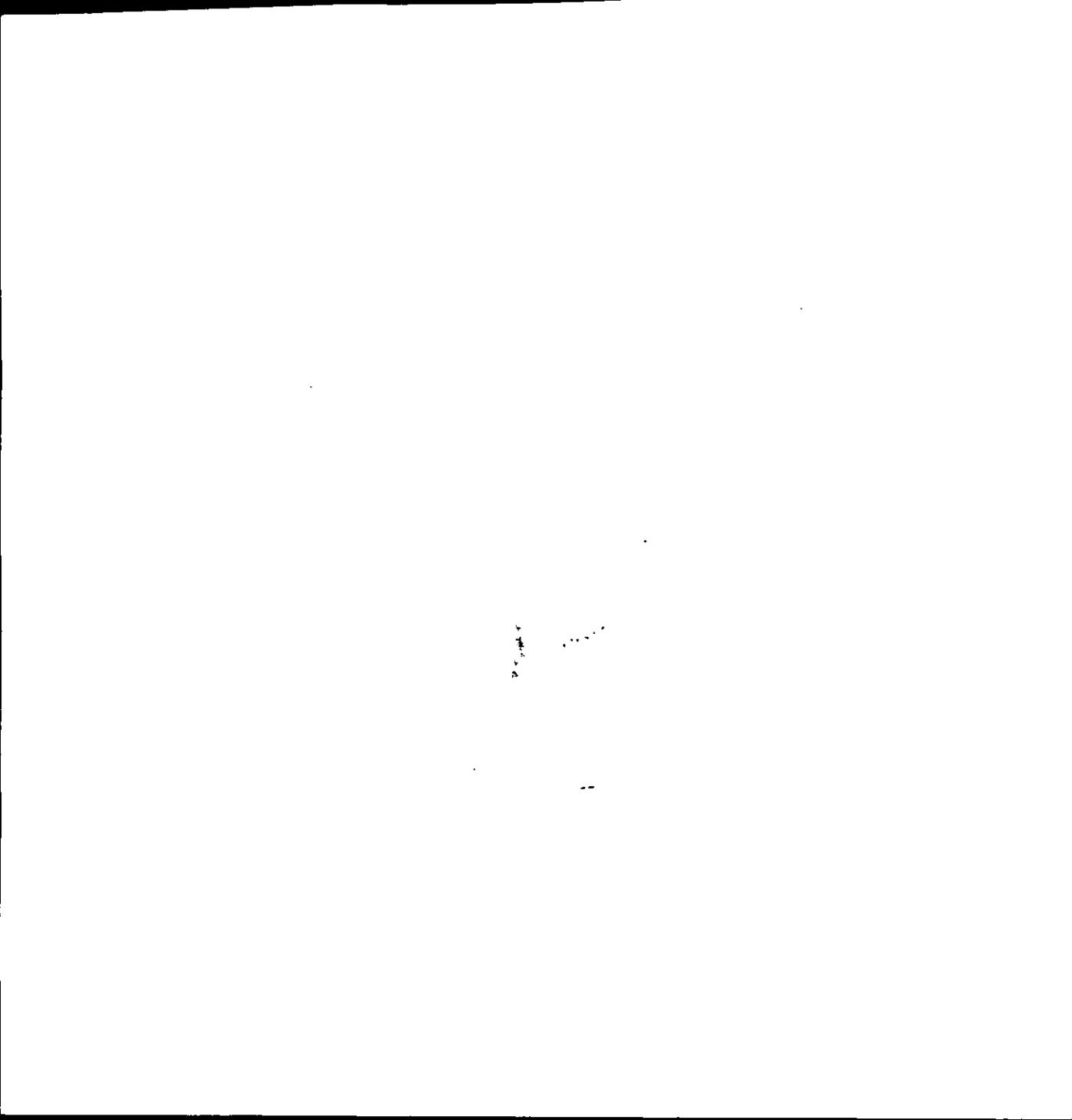
WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Chas. P. Seath
Missouri Co Mo 12/10-28

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Madison Mo. DATE OF BURIAL 12-12-1928

20. UNDERTAKER James Donnell ADDRESS Hannibal, Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion Registration District No. 247 File No. _____
 Township _____ Primary Registration District No. 3029 Registered No. 327
 City Hannibal (No. _____) St. _____ Ward _____

2. FULL NAME

Henry K. Brashers

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

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

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

15. FILED 12/11/18 66 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10-18

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above.

THE CAUSE OF DEATH WAS AS FOLLOWS:
This accident occurred in Hannibal, Mo on West Broadway, struck tree and was killed instantly, demolishing car and injuring other occupant who was in the car with him.

CONTRIBUTORY (SECONDARY) _____ (date) _____, 19____, ds. _____

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.
 _____, 19____ (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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