

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

Do not use this space.

9021

1. PLACE OF DEATH

County Callaway
Township Shelton
City..... (No.....)

Registration District No. 104
Primary Registration District No. 3007
5153

File No.....
Registered No. 59
St. Ward)

2. FULL NAME

Mrs. Ann Brankham Crosby

(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
77 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) D.K.

10. NAME OF FATHER Valentine Brankham

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

12. MAIDEN NAME OF MOTHER D.K.

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

14. INFORMANT Mrs. Sara Johnson
(Address) Fulton, Mo. R.R. #8 Box 4

15. 2-6-31 R. N. Crews
FILED 19 31 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to Mar. 5, 1931 that I last saw her alive on March 4, 1931, and that death occurred, on the date stated above, at 6:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia

107A
Insanity (duration) yrs. mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....
107A (duration) yrs. mos. ds. (1)

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) R. H. Hall, M. D.
, 19 (Address) Fulton Mo

*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
Old Richmond Cemetery Mar. 7, 1931

20. UNDERTAKER ADDRESS
Edw. Bell Fulton, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 27 1931

**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 Callaway Registration District No. 104 File No. _____
 Township _____ Primary Registration District No. 5-153 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Ann Branham Gastley
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 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) February 12th 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 21

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) Atlanta Ga.

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1931

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the day stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

WRITE PLAINLY IN INK---THIS IS A PERMANENT RECORD

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.

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

STATE OF MISSOURI)
(SS
COUNTY OF JACKSON)

George H. Johnson, first being sworn deposes and says as follows:
That he is the grandson of Mrs. Ann Branham Castley who died at
Fulton, Missouri, on March 5, 1931.

Affiant further states that the Certificate of Death on file with
the Missouri State Board of Health Bureau of Vital Statistics,
Jefferson City, Missouri, is incomplete or erroneous in the follow-
ing particulars; that the name of the deceased was incorrect in
the death certificate in that the correct name is Castley and not
Crasby; that the correct date of birth is February 12, 1874, and
the correct age of deceased at the date of her death was Fifty-seven
(57) year, Twenty-one (21) days, and that the birth place of the
deceased was Atlanta, Georgia.

George H. Johnson

Subscribed and sworn to before me this 13th day of April, 1931.

W. C. Coan

Notary Public

My Commission expires Oct. 27, 1934.

RECEIVED
APR 15 1931