

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

Do not use this space.

28387

1. PLACE OF DEATH

County ANDREW Registration District No. 16
Township ROCHESTER Primary Registration District No. 5020
City (No.) St. Ward)

File No.

Registered No. 16

2. FULL NAME VIOLA BRANAMAN

(a) Residence, No. St. Ward. HELENA, MO.
(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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW.

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBERT BRANAMAN.

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 22, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 19

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. housewife
10. Date deceased last worked at this occupation (month and year) 9/5/32 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSHVILLE, MO.

13. NAME UNKNOWN.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME POLLY STEWART

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN. 2

17. INFORMANT (ADDRESS) Mrs George Keel 320 W. St. Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE HELENA, MO. DATE 9/12/32

19. UNDERTAKER (ADDRESS) H. D. KING, CITY, MO.

20. FILED 9/12 1932 Mrs Betty Boggs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 11, 1932
I last saw her alive on Sept 11, 1932. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Other contributory causes of importance:
Cholera & Myocarditis

Name of operation no 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) E. M. Reynolds, M. D.
(Address) UNION STAR, MO.

WRITE PLAINLY, WITH UNFADING 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.

CGI 84 1932

