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.

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

Do not use this space.

399

1062

File No. 16553

Registered No. 2044

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1062

City: Kansas City (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Warren E. Brandenburgh

(a) Residence, No. St., Ward. Grandview, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

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: Mary Virginia Brandenburgh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 17, 1865

7. AGE — YEARS: 67 — MONTHS: 6 — DAYS: 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President of the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Photographic and View Corporation

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): Ohio

FATHER

13. NAME: John H. Brandenburgh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Ellen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): Mrs. Mary Virginia Brandenburgh, Grandview, Mo

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE: Body to be interred in Forest Hill Cem. DATE: May 13, 1933

19. UNDERTAKER (ADDRESS): Stice & McClure, 3235 Gillham Plaza

20. FILED: 5-12, 1933 M. M. Crabb, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1933, to 5-10, 1933

I last saw him alive on 5-10, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

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

	Date of onset
Septicemia - Pneumonia Lobar	5-9-33

96

Other contributory causes of importance: Hemorrhagic cystitis Diverticulum and infection of cystic

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? yes

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? no

If so, specify

(Signed) A. C. Griffith, M. D.

(Address) 122 Griffith Bldg.

Dr A. C. Griffenk
Rialto Bldg.