

REC'D JUN 12 1939

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

16773
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....
(b) Township..... Primary Registration District No..... Registered No..... **4307**
(c) City or St. Louis (d) Street No. En route City Hosp #2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1653 **Bessie Brandon**

(a) Residence, No. 100 a So Channing Ave St. 18 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grant Brandon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8. 1907
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Pine Bluff (STATE OR COUNTRY) Ark

FATHER 13. NAME Wilson Green

14. BIRTHPLACE (CITY OR TOWN) Pine Bluff (STATE OR COUNTRY) Ark

MOTHER 15. MAIDEN NAME Fannie Brandon

16. BIRTHPLACE (CITY OR TOWN) Pine Bluff (STATE OR COUNTRY)

17. INFORMANT Grant Brandon (ADDRESS) 100 a. So Channing Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5.11. 1938

19. FUNERAL DIRECTOR (NAME) Wright, s Funeral Home (ADDRESS) 3100 Easton Ave

20. FILED MAY 9 1939 J. B. Beckett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7. 1939 19

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Pachy Meningitis Hemorrhagic
Type Undetermined

Other contributory causes of importance

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) Alfred J. Perry M.D.
Deputy Coroner
(Address)

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.

609-37-338 I X18605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Chas. Gaines

Registered Apprentice No. 2349

working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.