

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

Do not use this space.

FEB 20 1936

1. PLACE OF DEATH

County *Monticau*

Township *Walcker*

City *Jacob Brand*

Registration District No. *5-4*

Primary Registration District No. *5769*

File No. *2210*

Registered No. *3*

St. *Ward*

2. FULL NAME

(a) Residence, No. *Jacob Brand* 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 *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 19-1862*

7. AGE YEARS *73* MONTHS *8* DAYS *7* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) *Ohio*

13. NAME *George F Brand*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Kathryn Franer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Geo. F. Brand California mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Valerium Cem* DATE *1/28* 19*36*

19. UNDERTAKER (ADDRESS) *William & Friedmeyer California mo*

20. FILED *1-27* 19*36* *H. R. Popejoy* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-26-1936*

22. I HEREBY CERTIFY, That I attended deceased from *12-24-* 19*36*, to *1-26-* 19*36*

I last saw him alive on *1-14-* 19*36* Death is said to have occurred on the date stated above, at *1301* m.

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

*Atherosclerosis Cause unknown*

Other contributory causes of importance *Valvular heart disease*

Name of operation *none* Date of

What test confirmed diagnosis? *Chloride* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury *no*, 19*36*

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 *no*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *H. R. Popejoy*, M. D.

(Address) *California mo*

