

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.

JUN 27 1931

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

Do not use this space.

14965

1. PLACE OF DEATH
 County Miller Registration District No. 565
 Township Glaise Primary Registration District No. 57612
 City Brunley (No.) St. Ward

2. FULL NAME James I. Brunley
 (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 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 Tempie Brunley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 - 1959

7. AGE YEARS 72 MONTHS DAYS 10 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) yes 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Andrew Jackson Brunley

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) James Calvin Brunley mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Crocker DATE 4/10 1931

19. UNDERTAKER (ADDRESS) B. L. Casey Springfield

20. FILED 4/10 1931 R. H. Haudan Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/26 1931, to 4/8 1931. I last saw him alive on 4/8 1931. Death is said to have occurred on the date stated above, at 59 m. The principal cause of death and related causes of importance were as follows:
Mitral Stenosis
92A 9200
 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) B. W. Duncan, M. D.
 (Address) Springfield, Mo.

