

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County Shelby
Township Jefferson
or Blanc
Village Blanc
or
City _____

Registration District No. 060

File No. 25339

Primary Registration District No. 6094

Registered No. _____

(NO. _____)

St. _____

Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Barrie White Brunitt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH June 23, 1895
(Month) (Day) (Year)

7 AGE 23 yrs. 7 mos. 7 ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE
(City or town, State or foreign country) Mo

10 NAME OF FATHER S. F. Barclay

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) Mo

12 MAIDEN NAME OF MOTHER Lusia Smith

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clanner Brunitt
(Address) Clanner Mo

15 Filed July 2 1918 E. A. Hyatt
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 16, 1918 to June 30, 1918
that I last saw h. alive on June 30, 1918
and that death occurred, on the date stated above, at 29 m.

The CAUSE OF DEATH* was as follows:

145A
147B
36
General repair
Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Labor
(Duration) yrs. mos. ds.

(Signed) A. T. C. Roy M. D.
July 2, 1918 (Address) Blanc Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Blanc Chapel DATE OF BURIAL 7-3 1918

20 UNDERTAKER E. E. Hopper ADDRESS Blanc Mo

Not signed EX-105 should same be classified. Exact statement of OCCUPATION is very important.

