

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

Do not use this space.

27439

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Han City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 3712 Michigan)

File No. 5702  
Registered No. 5702  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3712 Michigan St. \_\_\_\_\_  
(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.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♂ 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 Elmo Brumbach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13-1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 6 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Telephone Operator  
(b) General nature of industry, business, or establishment in which employed (or employer) Lenisoid Exchange  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Topeka  
(STATE OR COUNTRY) Kaw

10. NAME OF FATHER Arthur J. Hewitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Han City  
(STATE OR COUNTRY) Kaw

12. MAIDEN NAME OF MOTHER Lottie Chilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kaw  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mr. Arthur Hewitt  
(Address) 3712 Michigan

15. FILED 9/29, 27 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1927, to Sept 28th, 1927, that I last saw her alive on Sept 27th, 1927, and that death occurred, on the date stated above, at 8:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23 A  
71 B  
CONTRIBUTOR (COUNTRY) Chronic  
Chronic

18. WHERE WAS DISEASE CONTRACTED Do not know  
NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic exam of heart  
(Signed) Francis J. Lewis, M. D.  
9/29, 1927 (Address) 2910 Avonch st

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MT Moriah DATE OF BURIAL Sept 30/27

20. UNDERTAKER H. C. Bergman ADDRESS City

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.

Dr. Francis Leroy  
24. 1888