

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.

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

Do not use this space.

5940
648

File No. _____
 Registered No. 3
 St. _____ Ward _____

1. PLACE OF DEATH

County Platte Registration District No. 695
 Township # Waldron Primary Registration District No. 5923
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Alma Jean 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. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
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 Paul Brunley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 - 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 | 10 | 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Clay Co
 (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Allen Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay Co
 (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Eva Linville
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platte Co
 (STATE OR COUNTRY) Missouri

14. INFORMANT Paul Brunley
 (Address) Rt. B. Waldron Mo.

15. FILED 2/24 28 J. H. Winkler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1928, to Feb. 23, 1928 that I last saw her alive on Feb. 23, 1928, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
13th Broncho-Pneumonia
1928

CONTRIBUTORY (SECONDARY) Reflex
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. P. Ford, M. D.
 , 19 (Address) Funkville Mo

*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 Sugar Creek Cemetery **DATE OF BURIAL** Feb 24 1928
20. UNDERTAKER Frank A. Bowman **ADDRESS** St. Joseph Mo.

