

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.

MAR 26 1928

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

Do not use this space.

6187

1. PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
City (No. ....) .....

Registration District No. 784  
Primary Registration District No. 0030

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence. No. Fannie Bruner  
12 Kinloch Park Mo. 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 Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>about 59</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sweeper L.M.G.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY) MO

10. NAME OF FATHER Sam Lightfoot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Fannie Lightfoot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) MO

14.

INFORMANT Estell Woods  
(Address) Kinloch MO

15.

FILED 220 1928 W. Schudt  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/19 1928

17. HEREBY CERTIFY That I attended deceased from Feb 12 1928 to Feb 19 1928 that I last saw her alive on Feb 19 1928 and that death occurred, on the date stated above, at 4 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Endocarditis  
900 (duration) yrs. .... mos. .... da.  
CONTRIBUTORY (SECONDARY) 900 (duration) yrs. .... mos. .... da.

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) Jas. A. Rainey M. D.

420 1928 (Address) 767 Wash

\*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

DATE OF BURIAL

Brunwood Cem 2-22 1928

20. UNDERTAKER

ADDRESS

Penkie Toney 3129 Lucas

Fanni Brunner