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

Do not use this space.

8826

1. PLACE OF DEATH

County: Jackson — Registration District No. 389 — File No.

Township: Kaw — Primary Registration District No. 1087 — Registered No. 987

City: K.C. Mo. (No. St. Joseph Hospital St. Ward)

2. FULL NAME Bessie Jean Bruffey

(a) Residence. No. 4417 Virginia 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F — 4. COLOR OR RACE: Wh — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14. 1926

7. AGE: Years 1 — Months 4 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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) Missouri

PARENTS

10. NAME OF FATHER: Raymond Bruffey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER: Myrtle Jefferies

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT: Raymond Bruffey
(Address) 4417 Virginia

15. FILED 3-5, 1928 M. M. Crowe Ass't REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to Mch 4, 1928 that I last saw her alive on Mch 4, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcus meningitis
89 Rs
104 R
19 A
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Mastoiditis and Sinusitis
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mch 2 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D

3-5, 1928 (Address) 31st & Noort Ave

*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: Forest Hill — DATE OF BURIAL: Mch 6 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

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.

214 Williams
WE 3020