

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

Do not use this space.

18471

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 328 S. Harrison Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 4817

**2. FULL NAME**

(Novenia Brunfield) Novenia Brunfield  
 (a) Residence. No. 328 S. Harrison St. 18 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 Caucasian 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) 3-1-1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>2</u>	<u>-</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work unknown  
 (b) General nature of industry, business, or establishment in which employed (or employer) unknown  
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Louisiana  
 (STATE OR COUNTRY) Smith City

10. NAME OF FATHER King Brunfield

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

12. MAIDEN NAME OF MOTHER Nevonia Taylor

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

14. INFORMANT Mary Davis  
 (Address) 328 S. Harrison

15. FILED 1-15-28 REGISTRAR Max C. Stanley

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-1-1928

17. I HEREBY CERTIFY, That I attended deceased from 4-29-1928, to 5-1-1928, that I last saw him alive on 4-29-1928, and that death occurred, on the date stated above, at 6 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
3/ (duration) yrs. 6 mos. da.  
 CONTRIBUTORY (SECONDARY) chronic bronchitis  
 (duration) yrs. 1 mos. da.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Dr. Edward J. Bell, M.D.  
5-1-1928 (Address) 122 South Living 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 Father Dixon DATE OF BURIAL 3-4-1928

20. UNDERTAKER Lenuard undertaker ADDRESS 2702 South

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.

THIS IS A PERMANENT RECORD

