WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

30521

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City (No. Wesley Hospt St. Ward)

2. FULL NAME Gottlieb John Brauninger
(a) Residence. No. Indep. & Westport 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: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 122 B 129 B
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wurttenberg
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Gottlob Brauninger
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Johanna Egeler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Fred A. Brauninger
(Address) 3215 Norton

15. FILED 9/12, 1928 M. M. Crowe Assn REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 12, 1928 that I last saw him alive on Sept 11, 1928, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chr. cholecystitis

(duration) 10 yrs. mos. ds.

118B2

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 9/28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical & operative

(Signed) James F. Dixon, M. D
Sept 12 1928 (Address) 907 Realty Bldg

*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: Brookings
DATE OF BURIAL: Sept 14 1928

20. UNDERTAKER: D. H. Newcomer's Sons K.C. Mo.
ADDRESS

907 Rialto Bldg.
m. 2389 -
11-3.