

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.

1647
238

1. PLACE OF DEATHCounty JacksonRegistration District No. 299Township ShawPrimary Registration District No. 1002City Kansas City (No. 1626 Cottage)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME(a) Residence. No. 1626 Cottage 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**M.**4. COLOR OR RACE**Colored**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Married5A. If MARRIED, WIDOWED, OR DIVORCED
HUSBAND OR
(OR) WIFE OF _____**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**July 11th 1900**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.28511th**8. OCCUPATION OF DECEASED**(a) Trade, profession, or
particular kind of workLaborer(b) General nature of industry,
business, or establishment in
which employed (or employer)Packing House

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.**10. NAME OF FATHER**Richard Thurman Bruner**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.**12. MAIDEN NAME OF MOTHER**Lizzie Roberts**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.**14.**Informant Richard Bruner
(Address) 1626 Cottage**15.**FILED 1-17-29 Dr. G. G. Gower
Asst REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**Jan. 15 1929**17.**I HEREBY CERTIFY, That I attended deceased from _____
Jan. 15 1929, 19____, at _____
that I last saw him _____ alive on _____ 19____, and that
death occurred, on the date stated above, at _____ 3:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Pneumonia
Lobar
(duration) _____ yrs. _____ mos. _____ da.**CONTRIBUTORY
(SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY, _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory(Signed) J. W. Booker, M. D.1/16, 1929 (Address) 2128 Vine St.*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**Highland Cem.1/19 1929**20. UNDERTAKER****ADDRESS**Hickman Brothers 1729 Lydia

L. H. Booker, 22nd & Vine