

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

Do not use this space.

B3719

**1. PLACE OF DEATH**

County Jac. Hson  
Township Law  
City Kansas City (No. 489 Wallace)

Registration District No. 399  
Primary Registration District No. 1002

File No. 4171  
Registered No. 4171  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Muriel Thomas Bruner

(a) Residence. No. 489 Wallace St., 10 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 2 28

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Adolph Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Paroline Grotz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Annic Ireland  
(Address) K.C. Mo. 489 Wallace St.

15. FILED 10/8 29 M. Bruner  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1929 to Oct 8, 1929, that I last saw her live on Oct 8, 1929, and that death occurred, on the date stated above, at 7:30 P.M.

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

Cerebral Apoplexy  
131  
82A

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THIS AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis & phys exam.  
(Signed) J. N. Hill, M. D.

10/8, 1929 (Address) 374 Winner Road 4th Independence Mo

\*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 Leavenworth, Kansas DATE OF BURIAL Oct. 8 1929

20. UNDERTAKER J.C. Davis and Co. ADDRESS Leav. 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.

WRITE IN PENCIL WITH GRADING INSTRUMENT THIS IS AN INDESTRUCTIBLE RECORD

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