

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

Do not use this space.

35757

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** No. **1103** N. High

File No.....
Registered No. **10554**
St. Ward)

2. FULL NAME

Richard Brunson
(a) Residence. No. **1103 N. High** St., **25** 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 Male	4. COLOR OR RACE Col'd	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 2, 1929**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	2	24	

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY)

10. NAME OF FATHER **Richard Brunson Sr**

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

12. MAIDEN NAME OF MOTHER **Alice Wilson**

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

14. INFORMANT **Alice Brunson**
(Address) **1103 N. High**

15. FILED **CCT 28 1929** **Wm C. Staley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 26 1929**

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19....., 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at **6 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
Pneumonia Primary
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **97M.A.**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **100A**
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **ns**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. W. Thomas, M.D.**

10/28 1929 (Address) **Dep. Corcoran**
*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 **Greenwood** DATE OF BURIAL **Oct. 29 1929**

20. UNDERTAKER **St. Harrison** ADDRESS **2906 Lawton**

WRITE PLAINLY, WITH FADING 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.

RESERVE FOR BINDING

