

APR 30 1930

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

Do not use this space.

9455

1. PLACE OF DEATH
County Macon Registration District No. 533
Township Hudson Primary Registration District No. 5713
City (No. St. Ward)
2. FULL NAME Hattie Bruner (Col) Old Slave
(a) Residence No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
7. AGE 85 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Don't know Don't know
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired House wife
(b) General nature of industry, business, or establishment in which employed (or employer). No records of
(c) Name of employer. Age or Birth
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Keeley Douglas
(Address) Shelbyville, Mo
15. FILED 3/31 1930 Mrs Luke Hunkle REGISTRAR

V. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 17 1930
17. I HEREBY CERTIFY, That I attended deceased from Death
1 1930, to March 17, 1930
that I last saw h. alive on 7 30 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage, Brain
82 yr (duration) yrs. mos. ds.
97
CONTRIBUTORY: Arteriosclerosis
(SECONDARY) (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH. 7401
8 DID AN OPERATION PRECEDE DEATH? NO DATE OF NO
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. M. Rumer, M. D.
330 1930 (Address) Maury 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 DATE OF BURIAL
Woodland Cem. 3/21 1930
20. UNDERTAKER ADDRESS
Stephens & Gooding Macon, 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.

1417

(4)