

JUN 24 1930

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

Do not use this space.

11554

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township

Primary Registration District No. 3001

City Keokuk

File No.

Registered No. 68

St.

Ward

2. FULL NAME

(a) Residence. No. Opal Delora Bruner

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

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

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

April 19, 1900

7. AGE

YEARS
29

MONTHS

11

DAYS

26

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Waitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

Bible Grove, Mo
Scotts Co

10. NAME OF FATHER

Robert Bruner

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

Rehoboth, Mo
Scotts Co

12. MAIDEN NAME OF MOTHER

Ruth Stiel

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

Bible Grove, Mo
Scotts Co.

14.

INFORMANT

(Address)

Ruth Bruner

15.

FILED

5/9 1930

R. Becker

REGISTRAR

3-

MEDICAL CERTIFICATE OF DEATH

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

April 15 1930

17.

I HEREBY CERTIFY, That I attended deceased from April 9, 1930, to April 15, 1930 that I last saw her alive on April 15, 1930, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
13913
129

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Peric + abdominal abscesses (duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

yes DATE OF April 14

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

operation

(Signed)

E. O. Petermeyer, M.D.

, 19

(Address)

Keokuk, 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

Bible Grove

5/16 1930

20. UNDERTAKER

Summer Son

ADDRESS

Keokuk 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.

1930. 4-15-
1900. 4-19-

29. 11-26

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Platte Registration District No. 4 File No. _____
 Township _____ Primary Registration District No. 2001 Registered No. 68
 City Luskville No. _____ St. _____ Ward _____

2. FULL NAME Opal Delora Bruner
 (a) Residence No. _____ 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

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

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) _____
 (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____
 (Address) _____

15. FILED July 8 1930 Mrs. O. H. Beckner
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General peritonitis
Mixed infection
 CONTRIBUTORY Pelvic & abdominal abscesses
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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 _____
 (Signed) _____, M. D.
 _____, 19____ (Address) _____

*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 _____
 _____ 19____

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-11554

ated by check marks, lacking from the death certificate:

Name: Opal & Belora Bruner

no died at: Kirkville Mo on April 15, 1930

idence: No. _____ St. _____
(If nonresident, city or town)

length of residence in city or town where death occurred: Years _____ Months _____ Days _____

x: _____ Color or race: _____ Single, married, widowed or divorced: _____

te of birth: _____ Age: Years _____ Months _____ Days _____

cupation: (a) Trade _____ (b) Industry: _____

rtplace (State or country) _____

rtplace of father (State or country) _____

rtplace of mother (State or country) _____

USE OF DEATH: General Peritonitis

tributory: mixed infection
Pelvic & abdominal abscesses

re was disease contracted? Was not a sporadic case

operation precede death? _____ Date of Mr. C. H. Becker

there an autopsy? _____ What test confirmed diagnosis? _____

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