

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

Do not use this space.

18769

PLACE OF DEATH

County Caldwell
Township Fairview
City Braymer (No. _____)

Registration District No. 93
Primary Registration District No. 5139

File No. _____
Registered No. 7 Ward _____
St. _____

2. FULL NAME

Albert Bronsich
(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 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Leicester
(STATE OR COUNTRY) N. Y.

10. NAME OF FATHER Nicholas Bronsich

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

12. MAIDEN NAME OF MOTHER Marguerite Luciani

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

14. INFORMANT Mrs. Annie Bronsich
(Address) Braymer, Mo.

15. June 30, 1930 H. H. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1930

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1929, to June 28, 1930 that I last saw living alive on June 27, 1930, and that death occurred, on the date stated above, at 2:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach
4 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS clin. symptoms

(Signed) H. H. Patterson, M. D.

June 30 1930 (Address) Braymer, 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 White Cemetery DATE OF BURIAL 6/30 1930

20. UNDERTAKER B. T. Mead ADDRESS Mo Braymer

WRITE PLAINLY, WITH UNFADING 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.

H. H. Patterson

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