

9368-2

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

Do not use this space.

9368-2

1. PLACE OF DEATH

County Douglas
Township Campbell
City Hamilton (No. _____)

Registration District No. 974
Primary Registration District No. 5387

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

2. FULL NAME Rene S. Brummet

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lois Brummet</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9/29/1903</u>		
7. AGE <u>67</u>	YEARS <u>11</u>	MONTHS <u>15</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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) _____
(STATE OR COUNTRY) Barton Co., Mo.

10. NAME OF FATHER Lloyd Brummet

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

12. MAIDEN NAME OF MOTHER Margie Robertson

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

14. INFORMANT W. J. Brummet
(Address) Ozark Mo

15. FILED Sept 9, 1931 D. G. Mackey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 31 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-18-31 to 9-24-31 1931
that I last saw him alive on 3-24-1931 and that death occurred, on the date stated above, at 1 o'clock PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
ICHA
_____ (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? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. L. Gentry _____ M. D.
, 19 _____ (Address) Avon 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 Walnut Grove Cemetery DATE OF BURIAL Nov. 28 1931

20. UNDERTAKER Clinkingbeard ADDRESS Avon, 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.

SEP 22 1931

STATE OF MISSOURI, WITH UNFOLDING TABS THIS IS A PERMANENT RECORD

