

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

Do not use this space.

9407

1. PLACE OF DEATH

County Franklin Registration District No. 293 File No. _____
 Township Boles Primary Registration District No. 541 Registered No. 18
 City Pacific (No. _____) St. _____ Ward _____

2. FULL NAME WILLIAM FRED BRUNDICK

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Ida Brundick</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-1-1866</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>4</u>	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>40</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1 year</u>			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Fred Brundick

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Ketie Klump

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ida Brundick (ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bridgets Cem. DATE 3/12/31, 1931

19. UNDERTAKER Jno. J. Thiebes (ADDRESS) Pacific, Mo.

20. FILED Mar 16 1931 Helmut Thiel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-25-30, 1930, to 3-9-31, 1931
 I last saw him alive on 3-9-31, 1931. Death is said to have occurred on the date stated above, at 11-15 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

11/24/13

Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? Immunology & X-Ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. McRay, M. D.
 (Address) Pacific, Mo.

Date of onset about
1930

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.

APR 21 1931

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