

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

Do not use this space.

10983

1. PLACE OF DEATH
 78 County Germont Registration District No. 657
 2 Township _____ Primary Registration District No. 4388
 4 City Lantheville, (No. _____) St. _____ Ward _____
 2. FULL NAME Charlie Brunson
 (a) Residence, No. Sawyers Alley St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 87

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11th 1907</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>3</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>Life</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
13. NAME <u>Sam Brunson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
15. MAIDEN NAME <u>Corylisa Shumberg</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
17. INFORMANT <u>Ernie Taylor</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memphis</u> DATE <u>3/26</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Ward</u>		
20. FILED <u>3/26</u> 19 <u>31</u> <u>Ada Martin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1931

22. I HEREBY CERTIFY, That I attended deceased from March 25 1931 to March 25 1931
 I last saw him alive on 3/25 1931. Death is said to have occurred on the date stated above, at 3A m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:
23

8 Name of operation _____ Date of _____
 What test confirmed diagnosis Physical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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?
 If so, specify _____ (Signed) Dr. McKennely M. D.
 (Address) 1080 W 4th St
Carroll has written no

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 25 1931

RESERVED FOR BINDING

ST. NO. 2.

