

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

Do not use this space.

PLACE OF DEATH
 County Jackson
 Township Kaw
 City Kansas City (No. St. Joseph Hospital)

Registration District No. 399
 Primary Registration District No. 1002

17994
 File No. _____
 Registered No. 2135
 St. _____ Ward _____

2. FULL NAME Anton Brungardt
 (a) Residence. No. 11 Hays Kansas 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Blanche Brungardt
 WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 2 15

8. OCCUPATION OF DECEASED Farmer 1
 (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

PARENTS

9. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY) 2.

10. NAME OF FATHER P. P. Brungardt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia (STATE OR COUNTRY) 4.

12. MAIDEN NAME OF MOTHER Applehouse

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

14. INFORMANT Jacob Mollerker
 (Address) Hays Kansas

15. FILED 5/11 1931 M. M. Crowe
 REGISTRAR Wren

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11, 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 29 to May 11, 1931, that I last saw him alive on May 10, 1931, and that death occurred, on the date stated above, at 6 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

6 Barrow (epithelioma) of lip
gum & neck
 (duration) yrs. 9 mos. ds. 4
 CONTRIBUTORY (SECONDARY) 15 Hemorrhage of
Ar. Carotid artery (duration) yrs. mos. ds. 4 min.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Hays, Kansas

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 4:31

19. WHAT TEST CONFIRMED DIAGNOSIS Laboratory section
 (Signed) C. J. Dunman, M. D.

5-11-1931 (Address) 1314 Pratt Bldg 216 E. 8th

*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 Hays Kansas
 DATE OF BURIAL 5/11 1931
Ship

20. UNDERTAKER Melody - Mc Gilley Fu.
 ADDRESS K. C. Mo.
Home

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.

