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.

NOV 25 1931

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

Do not use this space.

35427

1. PLACE OF DEATH
County Randolph — Registration District No. Dia 35 — File No.
Township — Primary Registration District No. 2024 — Registered No. 209
City Moberly Mo (No. Woodland Hospital St. 3 Ward)

2. FULL NAME Mary Ilar Bruner
(a) Residence, No. Brunswick Mo St., RFD 1 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-3-1917

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
14	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

FATHER
13. NAME Kenneth Bruner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

MOTHER
15. MAIDEN NAME Alice Virts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Triplett Mo

17. INFORMANT (ADDRESS) Kenneth Bruner Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick Mo DATE Oct 17th 1931

19. UNDERTAKER (ADDRESS) L W Hensel Brunswick Mo.

20. FILED 10/16 1931 Thos. S. Fleming Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th 1931, to Oct 15th 1931, 19..
I last saw her alive on Oct 15th 1931, 19.. Death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Oct 15
59 59	
Other contributory causes of importance:	
Diabetic Coma	Oct 13

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Thos S Fleming, M. D.
(Address) Moberly Mo