

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

Do not use this space.

1146

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. 10)

Registration District No. 389  
Primary Registration District No. North Joseph Hospital

File No. \_\_\_\_\_  
Registered No. 184  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Jismet Kas. St. Ward X

(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 (OR) WIFE OF Mrs Lidia Bruner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>54</u>	<u>6</u>	<u>5</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) 237  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

10. NAME OF FATHER Geo Bruner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

12. MAIDEN NAME OF MOTHER Lebza Dedkin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) va 2

14. INFORMANT (Address) Earl Chas. Lepper Liberal Kansas

15. FILED Jan 18 1932 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16 1932 Sunday

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
accidental automobile  
run into RR car  
2:10 PM  
(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 2:10  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? n DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) Stanley M. Hall M.D.

\*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.  
(Address) Deputy coroner

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jismet Kansas DATE OF BURIAL Jan 21 1932

20. UNDERTAKER S. A. Miller mortuary Jismet Kas ADDRESS no li

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.

