

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY

Registration District No. 399
Primary Registration District No. 1002
(No. 5927 Brookside)

File No. 8539-21
Registered No. 1121
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5927 Brookside Bldg Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 former) MRS. LILLIAN BRUTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>4</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TRAVELING SALESMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 136

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) MISSOURI

MOTHER / FATHER

13. NAME JAMES GRANT BRUTON

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) KENTUCKY

15. MAIDEN NAME JULIA JACKSON

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) KENTUCKY

17. INFORMANT MRS. LILLIAN BRUTON
(ADDRESS) 5927 BROOKSIDE BLDG

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE 3-21

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9th ST.

20. FILED 3/18 1932 W. M. Cronin
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH - 17 1932

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1921, to March 17, 1932
I last saw him alive on March 17, 1932 Death is said to have occurred on the date stated above, at 11:35 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 7 yrs. ago

Other contributory causes of importance:
Hypostatic Pneumonia

Name of operation none Date of _____
What test confirmed diagnosis? Urinalysis 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? _____
If so, specify _____ (Signed) J. C. King DC M.D.
(Address) 3846 Park Street

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.

~~10-12; 2-8~~
10-12; 2-8