

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

Do not use this space.

16824

1. PLACE OF DEATH

67 County Mississippi
Township St. James
City..... (No.....)..... St..... Ward.....

Registration District No. 6-6-7
Primary Registration District No. 5-7-6-3

File No.....
Registered No. 19

2. FULL NAME

Lucinda M Bruner

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255
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) Hardin Co
Ills

13. NAME Louis Ozzie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co
Ills

15. MAIDEN NAME Louisa Patton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co
Ills

17. INFORMANT (ADDRESS) H. M. Davis
Anniston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 5/5 1932

19. UNDERTAKER (ADDRESS) H. G. Welch
St. Louis Mo

20. FILED May 3 1932 Duffin Dodge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28 1932 to May 3 1932
I last saw h. or alive on May 3 1932 Death is said to have occurred on the date stated above, at 100 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza
Lobar Pneumonia
11A
108
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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) E. J. Martine M. D.
(Address) East Prairie Mo

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 23 1932

