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.

AUG 22 1932

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

Do not use this space.

22181

File No.

Registered No. 183

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125

1 Township " " Primary Registration District No. 3009

8 City " " (No. 231 So. Hanover St. Ward)

2. FULL NAME August F. Brunkhorst

(a) Residence, No. 231 So. Hanover 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 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 20-1867

7. AGE: Years 64 | Months 8 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

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): Cape Girardeau

FATHER
13. NAME: John Brunkhorst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Sophia Weiman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Aug. Brunkhorst Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cem DATE July 28 1932

19. UNDERTAKER (ADDRESS): Walthers Und. Co. Cape Girardeau Mo

20. FILED 7-28-1932 W C Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932, to July 26, 1932

I last saw him alive on July 26, 1932. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

191

Date of onset

Other contributory causes of importance: Was overheated on July 21-

(1)

Name of operation no Date of

What test confirmed diagnosis? Physical findings 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) E H Gregory Wesson, M. D.

(Address) Cape Girardeau Mo