

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

Do not use this space.

- 28301

**1. PLACE OF DEATH**

County Bernon  
Township Washington  
City W (No. 4)

Registration District No. 975  
Primary Registration District No. 6162

File No. ....  
Registered No. 198  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. State Hospital #3 St. Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 - -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harrison Co. I  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles Brunel  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Co.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Harriett Basley  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison Co.  
(STATE OR COUNTRY)

14. INFORMANT State Hospital #3  
(Address) Newada, Md.

15. FILED 9-8-32 E. P. Loring REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 24 1932

17. I HEREBY CERTIFY, That I attended deceased from November 8, 1930, to Aug 24, 1932, and that I last saw her alive on Aug 24, 1932, and that death occurred, on the date stated above, at 1:35 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

9 ch. myxoma rotaria  
1102 (duration) yrs. mos. da.

CONTRIBUTORY Senile dementia  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST, CONFIRMED DIAGNOSIS. clinical  
(Signed) K. Sneydoff, M. D.

Aug 24, 1932 (Address) State Hospital #3

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hospital Cemetery DATE OF BURIAL Aug 25 1932

20. UNDERTAKER Allen V Hargo Newada #10  
ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 27 1932

