

N.B.—Every item of information should be carefully supplied. AGE 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.

JUN 23 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13886

1. PLACE OF DEATH

3 County marion
 Township jackson
 City _____ (No. _____)

Registration District No. 5421
 Primary Registration District No. 5731

File No. 29
 Registered No. 4
 St. _____ Ward _____

2. FULL NAME

Calvin Bruding

(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.

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. Regin Bruding
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1864
 7. AGE YEARS 68 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Osgood Mo (STATE OR COUNTRY)

13. NAME Jim Bruding

14. BIRTHPLACE (CITY OR TOWN) in Mo. (STATE OR COUNTRY)

15. MAIDEN NAME _____

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

17. INFORMANT Philbert Bruding (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Bruding Cemetery PLACE DATE April 13 1933

19. UNDERTAKER W.E. Stokes (ADDRESS) Frederick Mo

20. FILED May 22 1933 Thomas W. Eade Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932, to April 11 1933

I last saw him alive on April 13 1933. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Cardiac Paralysis
11/13
11/13

Other contributory causes of importance:

Influenza

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____ 1933

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) J. J. Radmacher, M. D.
 (Address) Frederick Mo.

