

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

Do not use this space.

**25856**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 129  
Township Shannon Primary Registration District No. 5180  
City (No. )

File No. \_\_\_\_\_  
Registered No. 13 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Nanette Emilie Bruhl

(a) Residence, No. \_\_\_\_\_ 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? 59 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Bruhl</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19-1888</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>5</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife, none at present death</u>			
	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) <u>Germany</u>				
MOTHER	13. NAME <u>Mathias Jung</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Christine Heller</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>Rudolf Bruhl</u> (ADDRESS) <u>206 Altonia Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Johns Luth Cemetery</u> <u>Aug 17</u> 19 <u>33</u>				
19. UNDERTAKER <u>Rosenbichler &amp; Co. 14 Prutz</u> (ADDRESS) <u>Pocahontas Mo.</u>				
20. FILED <u>Aug 17</u> 19 <u>33</u> <u>F. J. Schorn</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1933

22. I HEREBY CERTIFY. That I attended deceased from March 30 1933, to Aug 15 1933  
I last saw her alive on Aug 12 1933. Death is said to have occurred on the date stated above, at 12:30 P. M.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis about Aug 1-33  
930  
99  
9501  
Other contributory causes of importance:  
Arterio Sclerosis about 1-1-30

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) W. A. Schoen, M. D.  
(Address) Cape Girardeau 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.

SEP 26 1933

