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

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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 293 — File No. 26102

Township — Primary Registration District No. 4177 — Registered No. 27

City Pacific (No. , St. Ward)

2. FULL NAME Ernst J. Brundick

(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 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Rose Mary Brundick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 19[illegible]

7. AGE: YEARS 31 — MONTHS 10 — DAYS 20 — If LESS [illegible] day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

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) Jan. 10, 1928

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Missouri.

FATHER

13. NAME Herman Brundick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenton Missouri.

MOTHER

15. MAIDEN NAME Mary Meurer.

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

17. INFORMANT (ADDRESS) Mrs. Ernst Brundick, Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cemetery

PLACE ST. Bridgets DATE Aug. 5, 1933

19. UNDERTAKER (ADDRESS) John A. Thiebes & Son Pacific, Mo.

20. FILED Aug. 4 1933 Helen M. Thiebes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1933, to Aug. 2, 1933

I last saw him alive on Aug 2, 1933 Death is said to have occurred on the date stated above, at 2 A m.

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

Pulmonary tuberculosis — Date of onset Jan 28

23A

23

Other contributory causes of importance:

Name of operation None 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?

If so, specify. Do not know

(Signed) L. L. McNay, M. D.

(Address) Pacific Mo.