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.

OCT 20 1933

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

Do not use this space.

26343

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3463
Township Raw — Primary Registration District No. 1008 — Registered No.
City Kansas City (No. K C General Hosp. St. ..... Ward)

2. FULL NAME Lorain Brunson
(a) Residence, No. 714 W. 34th St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 32 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: Jennie Brunson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12 1874
7. AGE: YEARS 59 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Mo.

FATHER
13. NAME: Wm. Brunson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Mary Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Record Clerk K C Gen. Hosp.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: 9/2 1933
19. UNDERTAKER (ADDRESS): Quirk & Tobin Co 20 W. Linwood
20. FILED: 9/1 1933 M. M. Grove Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-30, 1933
22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1933, to 8-30, 1933
I last saw him alive on 8-30, 1933 Death is said to have occurred on the date stated above, at 11:25 P.M.
The principal cause of death and related causes of importance were as follows:
Brain Tumor (Non-Malignant) 54 D
Date of onset
Other contributory causes of importance: Cardiac decompensation
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes
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) K. C. Gen., M. D.
(Address) P. F. De Maria