2 25 1934

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.

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

Do not use this space.

File No. 4521

Registered No. 20

1. PLACE OF DEATH

County: Franklin.

Township: Washington, ~~Mo.~~

City: Washington, Mo. (No. ..... St. ..... Ward)

Registration District No.: 297

Primary Registration District No.: 3016

2. FULL NAME: Henry Edward Brune,

(a) Residence, No. Washington, Mo. R.F.D. #2. St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 1 yrs. 1 mos. 6 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*): Child.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 22nd, 1933.

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 1 | 1 | 6 | |

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.: None

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington, Mo.

FATHER

13. NAME: Henry Herman Brune,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neier, Mo.

MOTHER

15. MAIDEN NAME: Agnes Zielinski,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union, Mo.

17. INFORMANT (ADDRESS): Henry Herman Brune, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Catholic Cemetery. DATE: Mar. 3rd, 1934

19. UNDERTAKER (ADDRESS): Nieburg and Vitt, Inc. Washington, Mo.

20. FILED: Mar. 1, 1934 H. A. May, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 28, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1934, to Feb. 28, 1934

I last saw h. ~~alive~~ alive on Feb. 28, 1934. Death is said to have occurred on the date stated above, at 7:5 P.M. (7:15 PM)

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

| | Date of onset |
|---|---|
| Erysipelas | Feb. 15 1934 |
| 12 B | |
| 15 B | |

Other contributory causes of importance:

| | |
|---|---|
| Impaction of small intestines | Feb. 26 1934 |

Name of operation: no Date of: —

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

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) J. D. Maupin, M. D.

(Address) Washington, Mo.