

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

Do not use this space.

9244

1449

APR 25-1934

PLACE OF DEATH

County Jackson
Township Howe
City De Mo. (No. Gen. Hosp)

Registration District No. 399
Primary Registration District No. 100

File No.
Registered No.
St. Ward)

2. FULL NAME

William Brunck

(a) Residence, No. 605 Admiral St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 1 15

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

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) Pittsburgh Pa.

13. NAME John Brunck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Elizabeth Snyder

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

17. INFORMANT (ADDRESS) Emma Brunck 605 Admiral St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 3/31

19. UNDERTAKER (ADDRESS) Kapetina W. E. 240

20. FILED 3-31 19. 34 am Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/34

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner 1934
I last saw him alive on 4/1/34 1934 Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Railroad train
Pushing myself off
falling

Other contributory causes of importance:

207 201 235

Name of operation Autopsy Date 3/29/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in all the following: Accident, suicide, or homicide. Date of death 3/29/34

Where did Wm. Knott Farm (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place. Railroad track

Manner of injury Railroad track

Nature of injury suicide

24. Was disease or injury due to or related to occupation of deceased? Yes

If so, specify Autopsy

(Signed) W. E. Crane M. D.

(Address) Crane

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.

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