

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

Do not use this space.

*book*

File No. **17391**

**1. PLACE OF DEATH**

County *Macon*  
Township *Chanton*  
City (No. ....) St. .... Ward)

Registration District No. *529*  
Primary Registration District No. *5705*

Registered No. ....

**2. FULL NAME** *Arthur M Brundega*

(a) Residence, No. .... St. .... Ward. .... (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? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *m*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 12 - 1870*

7. AGE YEARS *5-8* MONTHS *6* DAYS *18* If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
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) *Randolph Co Mo*

13. NAME *Gas Brundega*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Rebecca Edwards*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Mrs Arthur M Brundega R B Macon*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Salem Cem* DATE *May 31 1934*

19. UNDERTAKER (ADDRESS) *Edmont Skrumm Macon*

20. FILED *July 10, 1934* *Mrs. Edna Stone Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30 1934*

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from *held inquest May 30, 1934*

I last saw h. .... alive on ..... 19... Death is said to have occurred on the date stated above, at *3 P* m.

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

*Swinded by shooting him self in the head.*

Other contributory causes of importance: *Don't know*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? *suicide* Date of injury *May 30, 1934*

Where did injury occur? *Macon Co, Mo*  
(Specify city or town, county, and State)

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

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *W H Gooch Currier, M. D.*  
(Address) *Chowan Mo*

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.

JUL 13 1934

