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.

AUG 21 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City (No. 818 East 12th. st. St. Ward)

Registration District No. 399
Primary Registration District No. 1008

File No. 24524
Registered No. 5122

2. FULL NAME Mrs. Johanna Bruner
(a) Residence, No. Monarch Hotel, 818 east 12th. Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1840

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
94	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) New York

FATHER
13. NAME Samuel Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Ruby Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Nettie E. Murray Monarch Hotel, 818 E. 12th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE July 16 1934

19. UNDERTAKER (ADDRESS) R.V. Lindsey and Sons 3811 Broadway, K.C. Mo.

20. FILED July 15 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934, to July 14 1934
I last saw her alive on July 13 1934 Death is said to have occurred on the date stated above, at 4:A m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset 1932
92C
112
93C

Other contributory causes of importance: Bronchial Asthma

Name of operation — Date of —
What test confirmed diagnosis? Physical 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) Geo B Elstoss, M. D.
(Address) 933 Lathrop Bldg

Lab. Bl. 1005 W. [illegible]