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.

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

Do not use this space.

28957

SEP 18 1934

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 416
Township — Primary Registration District No. 2001 — Registered No.
City Springfield (No. Ms. St. Ward)

2. FULL NAME Matie Bruffey
(a) Residence, No. 811 Kingshighway St. 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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1880
7. AGE YEARS 54 — MONTHS 3 — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) Murray Iowa

FATHER
13. NAME Wm Bruffey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Sarah Chambers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Walter J Creer Mt Grove
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Grove DATE Aug 15 1934
19. UNDERTAKER (ADDRESS) Alma Lohmeyer Springfield Mo.
20. FILED Aug 15 1934 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 1934
22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...
I last saw her ~~alive~~ dead on 8-13, 1934. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation from hanging with wire	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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 Hanging
Nature of injury Strangulation
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas A. George - Coroner
(Address) Springfield Mo

100M-11-24-33