

OCT 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City (No.)

Registration District No. 104
Primary Registration District No. 5153

File No. 32135
Registered No. 253
St. Ward

2. FULL NAME Ms. Susie Bruner

(a) Residence, No. 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 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1934

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

I HEREBY CERTIFY That I attended deceased from June 15 1933 to Sept 29 1934. I last saw her alive on July 10 1934. Death is said to have occurred on the date stated above, at 5 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873

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

7. AGE YEARS 61 MONTHS DAYS If LESS than 1 day, hrs. or min.

a large indolent leg ulcer due to varicose veins 100%

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired
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

Other contributory causes of importance an infarct or embolus in the circulatory system

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Thomas Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. C.

15. MAIDEN NAME Addie White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. C.

17. INFORMANT Mrs. Bruner (ADDRESS) Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL Northchapel Cemetery, Oct. 1 34

19. UNDERTAKER E. G. Bell (ADDRESS) Fulton Mo

20. FILED 10-1 19 34 R. T. Creed Registrar

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

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) R. H. Lewis, M. D.

(Address) Fulton 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.

