

DEC 13 1934

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

Do not use this space.

35121

## 1. PLACE OF DEATH

County AtchisonRegistration District No. 20Township TarkioPrimary Registration District No. SD 27City Tarkio, Mo. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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. 1 mos. \_\_\_\_\_

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)

Widowed

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

James Bruak

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

Feb. 1 - 1862

## 7. AGE

YEARS

72

MONTHS

8

DAYS

28

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

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

House-keeper

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)

Page Co. Iowa.

## FATHER

## 13. NAME

Thompson Black.

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

Alleghany Co. Penn.

## MOTHER

## 15. MAIDEN NAME

Harriett Marquam

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

Iowa.

## 17. INFORMANT (ADDRESS)

Harry Bruak Tarkio, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE New Liberty DATE Oct. 21 1934

## 19. UNDERTAKER (ADDRESS)

A. D. Schoder Fairfax, Mo.

## 20. FILED

Oct-30, 1934

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Sept 29 1934 to Oct 29 1934I last saw her alive on Oct 28 1934 Death is saidto have occurred on the date stated above, at 11:45 a.m.

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

Date of onset

Cerebral hemorrhage 9-23-34General arteriosclerosis 1924Hypertension "

Other contributory causes of importance:

Chronic Myocarditis 1930Chronic Nephritis 1934

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? \_\_\_\_\_ 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) Melvin G. Muhrenia, M. D.(Address) Fairfax, Missouri

