DEC 1 4 1934

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

Do not use this space.
39036

1. PLACE OF DEATH
County Franklin
~~Township~~ New Haven
City ~~—~~ Mo (No. ..... , ... St. ..... Ward)

Registration District No. 292
Primary Registration District No. 4176

File No. 37
Registered No. .....

2. FULL NAME Herman Brunner

(a) Residence, No. New Haven Mo 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: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10-1873

7. AGE: YEARS 61 | MONTHS 8 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner
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) 11-24-34
11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Washington Ia.

FATHER
13. NAME Chas Brunner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Gusta Schlatty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Oscar Brunner
(ADDRESS) New Haven Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bachelor Cem. DATE 11-26 1934

19. UNDERTAKER L. L. Mosley & Son
(ADDRESS) New Haven Mo

20. FILED Dec 5 1934 Jeffrey J. Frauenhaus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
42A	

Other contributory causes of importance:
Found by the side of his car alongside of highway 100 - and taken to a neighbors home and died.

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) E. L. Washington Coroner, ~~M.D.~~
(Address) Labadie 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD