

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

Do not use this space.

39471

1. PLACE OF DEATH

County Jackson Registration District No. 387
 Township Green Primary Registration District No. 1200
 City Georgetown (No. General #1200) St. _____ Ward _____

File No. _____
 Registered No. 4982
 St. _____ Ward _____

2. FULL NAME

Alonso Brumma
 (a) Residence, No. 401 E 4th 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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 43 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Miner
 10. Date deceased last worked at this occupation (month and year) Mar 5 1934 11. Total time (years) spent in this occupation. 10 1/2

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Lewis 503 E. 6th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn Co. Rd. 17 1934

19. UNDERTAKER (ADDRESS) Lawyer - Craig & Young 1119 E 18th St

20. FILED 11-16-34 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-1934

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:30 AM

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

lobar pneumonia Date of onset _____

Empyema

Other contributory causes of importance: 100

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy yes

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?

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

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