

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.

MAR 25 1935

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

Do not use this space.

5049

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

File No.

Registered No.

St.

Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 28-1868</i>		
7. AGE	YEARS	MONTHS
	<i>66</i>	<i>2</i>
		DAYS
		<i>29</i>
	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Work</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>In Home</i>	
	10. Date deceased last worked at this occupation (month and year)..... <i>✓</i>	
11. Total time (years) spent in this occupation..... <i>✓</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
FATHER	13. NAME <i>Levi Bruner</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pa.</i>	
MOTHER	15. MAIDEN NAME <i>Athryn Fry</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pa.</i>	
17. INFORMANT (ADDRESS) <i>J. L. Bruner, Springfield, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) DATE <i>Green Lawn, Springfield, Mo. Mar 16, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>W. M. Klingner & Co., Springfield, Mo.</i>		
20. FILED <i>2-28-35</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>2-27</i> , 19 <i>35</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>Dec 8th</i> 19 <i>34</i> , to <i>February 18</i> , 19 <i>35</i> I last saw her alive on <i>Jan 31</i> , 19 <i>35</i> . Death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows: <i>Carcinoma of bladder</i> Date of onset <i>June 34</i> Other contributory causes of importance: <i>53</i>
Name of operation..... Date of..... What test confirmed diagnosis? <i>Autopsy</i> Was there an autopsy? <i>W</i>
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? <i>W</i> If so, specify <i>Geococcyus</i> (Signed) <i>Geo. C. Hoover</i> , M. D. (Address) <i>Springfield, Mo.</i>

