

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

Do not use this space.

9016

APR 26 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Ray Primary Registration District No. 1002
City Ray (No. 2619 East) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 2619 East 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 58 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Salesman
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) (.....) year 11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME Jacob Brusler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Margaret Lauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Glenn Brusler (ADDRESS) 2619 East
18. BURIAL, CREMATION, OR REMOVAL PLACE Wassonville DATE March 4 1935
19. UNDERTAKER John A. M. ... (ADDRESS) 1415 East 11th
20. FILED 3/12 1935 M. M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1935
22. I HEREBY CERTIFY, That I attended deceased from Monday Feb 28, 1935, to March 1, 1935.
I last saw him alive on March 1, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer Throat -
45
Date of onset 1 year
Other contributory causes of importance: Toxemia, malnutrition
Date 2 mos

Name of operation _____ Date of _____
What test confirmed diagnosis? Pathological 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) Glenn Brusler, M. D.
(Address) Wassonville, Mo.

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.

