MAR 14 1935

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

Do not use this space.

9680

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No.
Township ~~Aurora~~ — Primary Registration District No. 4280 — Registered No.
City Aurora (No. R.F.D. # 2 St. Ward)

2. FULL NAME Hiram Pink Bruton
(a) Residence, No. R.F.D. # 2 Aurora 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1889

7. AGE: Years 46 — Months 11 — Days 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Greene County Missouri

FATHER
13. NAME Wm David Bruton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County Missouri

MOTHER
15. MAIDEN NAME Liddia Hilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Zena Bruton
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osa Mo. Cemetery DATE March 4 1935

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo

20. FILED 3/7 1935 R A Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1935, to March 2, 1935
I last saw him alive on March 2, 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:

Lobar Pneumonia — Date of onset 2/28/35
II a

Other contributory causes of importance:
Influenza and exposure

Name of operation — 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) B W Puckett, M. D.
(Address) Aurora 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.

JUN 12 1957