

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.

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

Do not use this space.

APR 29 1934

1. PLACE OF DEATH

County Wright Registration District No. 908  
Township Wheeler Primary Registration District No. 6222  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 11778  
Registered No. 20

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Brunzel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 22, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Unknown</u>		
FATHER	13. NAME <u>William C. Brunzel</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Bermy</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Doris Ruth Brunzel</u> (ADDRESS) <u>Wheeler Ave, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Lone Star</u> DATE <u>3-24-1934</u>	
19. UNDERTAKER (ADDRESS) <u>Botten Funeral Home Des. Supp</u> <u>Wheeler Ave, Mo</u>		
20. FILED <u>3-24</u> 19 <u>35</u>	<u>Bernie Montgomery</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-1934

22. I HEREBY CERTIFY, That I attended deceased from mar 1, 1933, to mar 23, 1934

I last saw him alive on march 23, 1934. Death is said to have occurred on the date stated above, at 4 A. M.

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

nutrit insufficiency and chronic interstitial nephritis  
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Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) R. A. Ryan, M. D.  
(Address) Wheeler Ave

