

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

Do not use this space.

JUN 24 1935

16992

1. PLACE OF DEATH

County Lawrence
Township Mt. Vernon
City Mt. Vernon

Registration District No. 420
Primary Registration District No. 3633

File No. _____
Registered No. 50
St. _____ Ward) _____

2. FULL NAME

Fred Bruhn

(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. 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 OR (OR) WIFE OF <u>Anna Bruhn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13, 1858</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>5</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) <u>1932</u>		11. Total time (years) spent in this occupation <u>lifetime</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
FATHER	13. NAME <u>Earnest Bruhn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs. Anna Bruhn</u> (ADDRESS) <u>Mt. Vernon, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Vernon</u> DATE <u>May 20, 1935</u>				
19. UNDERTAKER <u>Geo. B. Wex</u> (ADDRESS) <u>Mt. Vernon, Mo.</u>				
20. FILED <u>May 20, 1935</u> <u>P. A. Robinson</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935, to May 18, 1935
I last saw him alive on May 13, 1935. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:
chronic interstitial nephritis Date of onset Apr. 25

Other contributory causes of importance:
none

Name of operation _____ Date of _____
What test confirmed diagnosis? lab. 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) P. A. Robinson, M. D.
(Address) Mt. Vernon

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.

