

AUG 22 1935

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

Do not use this space.

25262

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

1 yrs. 1 mos. 3 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1920		
7. AGE	YEARS 15	MONTHS 3
	DAYS 4	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	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) Wilson, Kansas		
FATHER	13. NAME Roy E. Brunst	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Nebraska	
MOTHER	15. MAIDEN NAME Florence Madison	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berwyn, Neb.	
17. INFORMANT (ADDRESS) School Record, Marshall		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. State School Conv. DATE Aug 3, 1935		
19. UNDERTAKER (ADDRESS) Short & M. Leahy, Marshall, Mo.		
20. FILED Aug 3, 1935 Helen Nuston, Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY That I attended deceased from June 28, 1935 to July 31, 1935. I last saw him alive on July 31, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Ch. of 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) H. M. Apple, M. D.
(Address) Marshall

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.

