

OCT 28 1935

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

Do not use this space.

30505

## 1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6918A

File No. \_\_\_\_\_

City Farmington, Mo.

(No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Vey Whitaker Brunke(a) Residence, No. Advance, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otto Brunke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15, 1896</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>6</u>
		DAYS
		<u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Housework</u>		<u> </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u> </u>		
10. Date deceased last worked at this occupation (month and year)		
<u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>C. C. Whitaker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>May Fulbright</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Hospital Records</u> (ADDRESS) <u>Farmington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Whitewater</u> DATE <u>9-17</u> 19 <u>35</u>		
19. UNDERTAKER <u>Morgan Undertaking Co.</u> (ADDRESS) <u>Advance, Mo.</u>		
20. FILED <u>9-16</u> 19 <u>35</u> <u>T. J. Robinson</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15- 193522. I HEREBY CERTIFY, That I attended deceased from Aug 4 - 1930, 19 , to 9-15-35, 19 I last saw her alive on 9-15- 1935 Death is saidto have occurred on the date stated above, at 9:40A m.

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

Chronic advanced, bilateral, pulmonary tuberculosis with cavity formation with secondary cerebral T.B. also small intestine, liver and spleen involved in miliary process

Other contributory causes of importance:

Epilepsy with psychosis  
Chronic cholecystitis (unknown)

Name of operation   Date of  What test confirmed diagnosis Clin, Lab, X-ray Was there an autopsy? Yes

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? Mo 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? NoIf so, specify  (Signed) G. Davis Graves, Jr. \_\_\_\_\_, M. D.(Address)  

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.

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