

OCT 30 1935

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

Do not use this space.

31649

1. PLACE OF DEATH

County Wagon
Township Brazey
City (No.)

Registration District No. 875
Primary Registration District No. 6161

File No. _____
Registered No. 171
St. _____ Ward _____

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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Mauda Jane Bringer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 - 1884</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>1</u>
	DAYS <u>18</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>	11. Total time (years) spent in this occupation
	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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leah Co. Iowa</u>		
MOTHER	13. NAME <u>Abraham Bringer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Mahala Mann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Missouri</u>	
17. INFORMANT (ADDRESS) <u>B. G. Sheppard, Iowa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rumells, Iowa</u> DATE <u>Sept 19 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Ferry Funeral Home, Nevada, Mo</u>		
20. FILED <u>Sept 18 1935</u> <u>M. Eichinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Self inflicted gunshot wound in left chest, entering heart.

Other contributory causes of importance: at his home 9 miles S E of Nevada

Name of operation _____ Date of _____

What test confirmed diagnosis? 167 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Sept 11 1935

Where did injury occur? Near Nevada, Union Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury gun

Nature of injury Self inflicted gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) L. B. Jones M.D.

(Address) Nevada 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.

