

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.

DEC 26 1935

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

Do not use this space.

35988

1. PLACE OF DEATH

County JACKSON

Registration District No. 399

Township RAW

Primary Registration District No. 1002

City KANSAS CITY

No. 3800 St. WASHINGTON

File No.

Registered No. 4210

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MRS. MARY KAUFFMAN BRUENING

(a) Residence, No. 3800 WASHINGTON St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 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>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>HENRY BRUENING</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL - 29 - 1855</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as aptinner, sawyer, bookkeeper, etc. <u>AT HOME</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) AUSTRIA  
(STATE OR COUNTRY) HUNGARY

13. NAME MICHAEL KAUFFMAN

14. BIRTHPLACE (CITY OR TOWN) AUSTRIA  
(STATE OR COUNTRY)

15. MAIDEN NAME ROSALIA SHERMAN

16. BIRTHPLACE (CITY OR TOWN) AUSTRIA  
(STATE OR COUNTRY)

17. INFORMANT MR. LEO BRUENING  
(ADDRESS) 3539 WYANDOTTE

18. BURIAL, CREMATION, OR REMOVAL  
PLACE CALVARY DATE NOVEMBER 4, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS  
(ADDRESS) 2111 EAST 9TH ST.

20. FILED Nov. 4, 1935 M. M. Cronin  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1935, to Nov 2nd, 1935.  
I last saw her alive on 11-2-, 1935. Death is said to have occurred on the date stated above, at 8:10 P. m.

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

Lobar Pneumonia Date of onset 10-29-35  
Myocardial degeneration  
Supertension for past 10 years

Other contributory causes of importance: 188

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Post mortem 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? \_\_\_\_\_  
(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? Yes  
If so, specify \_\_\_\_\_  
(Signed) D. J. Curran, M. D.  
(Address) 1024 Realto Hom

1034 Pualto Bldg.