

JUN 6 1936

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

Do not use this space.

36476-6
186

1. PLACE OF DEATH

County Jefferson
Township Valle
City Rural (No. _____)Registration District No. 420
Primary Registration District No. 5374File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. Valle Miss St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Rosa Ann Bruster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Valle Miss Mo13. NAME William Arthur Bruster14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany15. MAIDEN NAME Vivian Reynolds16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Rhoda Bruster Valle Miss18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE Nov. 26, 193519. UNDERTAKER (ADDRESS) Mothershead20. FILED 11-23 1935 Star Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1935

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

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:40 p. m.

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

Inquest held Nov. 24, 1935.

Jury returned verdict that deceased came to his death from injuries received by being run over by a train on the M. B. & B. T. Railroad near Platin station.

Other contributory causes of importance:

Star Harris
Justice of the Peace.

Name of operation _____ Date of _____

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

23. If death was due to external cause (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? _____

If so, specify _____

(Signed) _____, 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.

