

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County BentonTownship LincolnCity Lincoln

(No.)

Registration District No. 60Primary Registration District No. 4030File No. 4529Registered No. 4

St.

Ward)

2. FULL NAME

LouisaBRUNS

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHenry Bruns.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 13, 1860

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.751026

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House wife9. 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)

Chillicothe Ohio

(STATE OR COUNTRY)

FATHER

13. NAME

Frank Schenewark

14. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Louise Mueller

16. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

A. H. Bruns
Lincoln, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Burial
Luthern Cem. DATE Feb. 13 36

19. UNDERTAKER

(ADDRESS)

J. Blatter
Lincoln, Mo.

20. FILED

Mar. 9, 1936Mo.Mo.Amy K. Rhodes.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1931, to Feb 9 1936I last saw her alive on Feb. 8 1936. Death is saidto have occurred on the date stated above, at 7⁰⁰ A. m.

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

Pneumo pneumonia
(Hypostatic)Date of onset
2-4-36131

Other contributory causes of importance:

Dementia paralytica 1934
Nephritis with Cardiac
Hypertrophy 1930

Name of operation

Date of

What test confirmed diagnosis? Lab. & Clinical 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) C. E. Bennett

, M. D.

(Address) Lincoln, Mo.

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.

