MAR 18 1936

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

Do not use this space.

5344

1. PLACE OF DEATH
County Franklin
Township ~~Boles~~
City Pacific
Registration District No. ~~4177~~ 2
Primary Registration District No. 2934177
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME IDA BRUNDICK
(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 42 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Brundick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1874

7. AGE: YEARS 61 | MONTHS 5 | DAYS 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): Feb. 19, 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Catawissia, Mo.

FATHER
13. NAME: Jacob Zweifel,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Bertha Diamond,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): Fred Brundick, Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pacific, Mo. DATE: Feb. 22, 1936

19. UNDERTAKER (ADDRESS): Thiebes & Son, Pacific, Mo.

20. FILED 2-22, 1936 G. E. Fross Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 20, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936 to Feb 20, 1936
I last saw her alive on Feb 20, 1936 Death is said to have occurred on the date stated above, at 3:50 AM
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis of heart
946

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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?
If so, specify
(Signed) W. H. Stemher, M. D.
(Address) Pacific 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.