APR 20 1936

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

Do not use this space.

11229

1. PLACE OF DEATH
County Jasper — Registration District No. 413 — File No. 11229
Township Mineral — Primary Registration District No. 5559 C — Registered No. Ca 22
City T B C Hospital (No. ..., ... St. ..... Ward)

2. FULL NAME Mary Brunnert
(a) Residence, No. ..... St., ... Ward. Koeltz town
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 4 mos. 0 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry Brunnert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	8	3	

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.
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) Missouri

FATHER
13. NAME Frank Borgmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Elizabeth Holdermon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna, Mo. DATE March 31, 1936

19. UNDERTAKER (ADDRESS) Webb City Ind Co. Webb City, Mo.

20. FILED 4/6, 1936 Harry G. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933, to Mch 29, 1936
I last saw her alive on March 29, 1936. Death is said to have occurred on the date stated above, at 10 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous Laryngitis	
Stenosis of Trachea	
from Tuberculous tissue	
Post operative Tracheotomy	

Other contributory causes of importance:

Name of operation Tracheotomy Date of 1933
What test confirmed diagnosis Pos Spec 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) Jesse E. Douglas, M. D.
(Address) Webb City

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.