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AUG 17 1936

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

Do not use this space.

25765

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township Boyer Primary Registration District No. 5179
City Jackson (No. _____) St. _____ Ward _____

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

Charles A. Brugger
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Kirm Brugger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2 1883</u>		
7. AGE <u>52</u> YEARS	<u>8</u> MONTHS	<u>9</u> DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto Trucked</u>		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Mo.</u>		
13. NAME <u>Antoney Brugger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Kiesling</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Chas. Brugger, Jackson Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Russell Wright</u> DATE <u>July 13 1936</u>		
19. UNDERTAKER (ADDRESS) <u>McComb's Funeral Co., Jackson Mo.</u>		
20. FILED <u>7-11 1936</u> <u>R. E. Seiber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1936 to 7-11 1936
I last saw him alive on 7-11-1936 Death said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Crushing injury of right chest and abdomen.
Date of onset 7-11-36

Other contributory causes of importance: Probable Internal hemorrhage

Name of operation _____ Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-11 1936
Where did injury occur? near Jackson Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In industry
Manner of injury Crushed - between truck & grand pile
Nature of injury crushing injury

24. Was disease of injury in any way related to occupation of deceased?
If so, specify injured while working

(Signed) Albert M. Fisher M. D.
(Address) Jackson 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.

