

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**Township.....
City **SAINT LOUIS**(No. **MISSOURI BAPTISTE HOSPITAL**)File No. **28773**Registered No. **7539**

St. Ward)

2. FULL NAME **CHARLES LEO BRUNTON**(a) Residence, No. **JACKSON OHIO**St. **NR** Ward. **Jackson Ohio**

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

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

November 10, 1912

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.**24****8****--****-7**

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**City of Jackson, Ohio**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.**Municipal Water Works**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)**Jackson, Ohio**

MOTHER

13. NAME

Charles L. Brunton14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Jackson
Ohio**

15. MAIDEN NAME

Emma Sheward16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Jackson
Ohio**17. INFORMANT
(ADDRESS)**Carmina Sheward Brunton
R. R. 1 Jackson Ohio**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Jackson Ohio

DATE

July 17, 193619. UNDERTAKER
(ADDRESS)**O. R. Lupton & Sons
4444 Olive St.**

20. FILED

JUL 17 1936**J. Bredeck
Registrar.**

MEDICAL CERTIFICATE OF DEATH

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

July 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 12, 1936, to July 17, 1936I last saw him alive on **July 17, 1936** Death is saidto have occurred on the date stated above, at **7:15 a.m.**

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

**Vauntiness causing
a heart failure**Date of onset
7/18/36

Other contributory causes of importance:

Acute appendicitis

Name of operation

Appendectomy Date of **7/18/36**What test confirmed diagnosis? **Physical** 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) **W. H. Myers**(Address) **1800 Olive St.****W. H. Myers
1800 Olive St.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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.

11-1 3-5
1800 Olive
Ce 8488