

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.

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

Do not use this space.

SEP 29 1936

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Yallow Primary Registration District No. _____
City Kansas City (No. 72 Gen 1 Sub) St. _____ Ward _____

File No. 30922
Registered No. 3020
St. _____ Ward _____

2. FULL NAME

Dora Brunched

(a) Residence, No. 1414 Harrison 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>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14 1891</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>0</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>St. Joseph Mo</u>		
MOTHER / FATHER	13. NAME <u>John Brunched</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Peterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
17. INFORMANT (ADDRESS) <u>Dora Brunched</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waynesville Mo</u> DATE <u>8-13</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Chubb & Blair</u>		
20. FILED <u>8-12</u> 19 <u>36</u> <u>M M Crowe asst</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1936 to 8-11, 1936
I last saw her alive on 8-11, 1936 Death is said to have occurred on the date stated above, at 5:55 am
The principal cause of death and related causes of importance were as follows:
Toxic antibodies of Swine, etiology undetermined
12431
Date of onset _____

Other contributory causes of importance: _____

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

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) J H Jannedt, M. D.
(Address) 72 Gen 1 Sub

