

NOV 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36943

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 124
Township Jackson Primary Registration District No. 4070
City Jackson (No. _____) St. _____ Ward _____

2. FULL NAME Cora Martha Brunelle
(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.

File No. _____
Registered No. 575

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. F. Brunelle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1888
7. AGE YEARS 48 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) St. Louis, Mo.

MOTHER FATHER
13. NAME Chas. Brunelle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Minnie Bohannan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT J. F. Brunelle
(ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Mt. Cemetery DATE Oct 15 1936

19. UNDERTAKER Wm. C. Wilson - Howard, Inc.
(ADDRESS) Jackson, Mo.

20. FILED 10-13-36 D. G. Suber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1936
22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Oct 13 1936
I last saw him alive on Oct 11 1936 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Carcinoma Rectum Date of onset _____

Other contributory causes of importance: None

Name of operation Celso Tomy Date of Nov 1, 1936
What test confirmed diagnosis? History kept 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) D. G. Suber, 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.

