

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

Do not use this space.

FEB 7 1937

2011

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township ARFORD Primary Registration District No. 4280
City Aurora (No. 120 W. Pleasant) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME Martha Ellen Brunk

(a) Residence, No. 120 W. Pleasant 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. C. Brunk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 2 3

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. 2⁵

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) Franklin County Missouri

13. NAME Hamilton

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

15. MAIDEN NAME Williams

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

17. INFORMANT Larry Brunk
(ADDRESS) Jefferson City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Jan 12 1935

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED Jan 11 1937 R. H. Coan, M. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1937, to Jan 10 1937
I last saw him alive on Jan 10 1937. Death is said to have occurred on the date stated above, at 9 a.m.

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

Chronic myocarditis Date of onset _____
senescence

Other contributory causes of importance senescence

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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. Brunk M. D.
(Address) 121 W. Pleasant
Aurora Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

