

MAR 19 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5841

1. PLACE OF DEATH
37 County Saco Registration District No. 303
2. Township Hermann Primary Registration District No. 4182
6 City Hermann (No. _____ St. _____ Ward _____)
2. FULL NAME Henry Brunner
(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

MEDICAL CERTIFICATE OF DEATH

9. SEX Male 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 Amanda Brunner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13-1872

7. AGE YEARS 64 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Int. Shoe Co.

10. Date deceased last worked at this occupation (month and year) Aug 1-37 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

13. NAME Rhinoel Brunner

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

15. MAIDEN NAME Elizabeth Huber

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

17. INFORMANT Mrs. H. Brunner (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hermann DATE 2/6/37

19. UNDERTAKER E. R. Rindig (ADDRESS)

20. FILED 2-5 1937 Anna R. Riehl Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3/37 19

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to Feb. 3, 1937. I last saw him alive on Feb. 3, 1937. Death is said to have occurred on the date stated above, at 3:35 p. m.

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

Carcinoma of larynx

Date of onset May, 36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Microscopic 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. A. J. Lee, M.D.

(Address) Hermann, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

