JUN 12 1937

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

Do not use this space.

19141

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Nathan Bruner
(a) Residence, No. Pittsburg, Kans. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1859

7. AGE: Years 77, Months 7, Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant to Atty in Office
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) Terre Haute Indiana

FATHER
13. NAME David Bruner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Illinois

MOTHER
15. MAIDEN NAME Matilda Deafendell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Indiana

17. INFORMANT (ADDRESS) Sylvan Bruner Pittsburg, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury Highland Park DATE May 23, 1937

19. UNDERTAKER (ADDRESS) E. T. Smith Pittsburg Kansas

20. FILED May 24, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to May 20, 1937
I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	
93c	

Other contributory causes of importance:
Prostatic operation
Prostatic Hypertrophy

Name of operation Prostatic Resection Date of May 19
What test confirmed diagnosis? Clinical deduction 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) Nathan Bruner, M. D.
(Address) 507 Professional Bldg.

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.