

JUL 26 1937

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

Do not use this space.

23203

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 3321 Mitchell) St. _____ Ward)

File No. _____
Registered No. 688

2. FULL NAME

(a) Residence, No. 3321 Mitchell St., _____ Ward. Agency, Mo
(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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1904

7. AGE YEARS 32 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Missouri

13. NAME J H Brunton

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

15. MAIDEN NAME Maud Jeffers

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

17. INFORMANT (ADDRESS) Traver Brunton
St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunton Co DATE 7/16 1937

19. UNDERTAKER J L Stingley
(ADDRESS) St Joseph Mo

20. FILED 7/15 1937 A J Heald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1937

22. I HEREBY CERTIFY That I attended deceased from 6:04 A M 1937, to 6:14 P M 1937
I last saw him alive on 6/14, 1937. Death is said to have occurred on the date stated above, at 3 1/2 m.
The principal cause of death and related causes of importance were as follows:

Organic Heart Disease Date of onset _____

Other contributory causes of importance: unknown 95

Name of operation none 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) Bennett F Cooks, M. D.
(Address) Phys Dept 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.

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