NOV 18 1937

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

Do not use this space.

37784

File No.

Registered No. 62

1. PLACE OF DEATH
County Howard, Registration District No. 378 1
Township Fayette, Primary Registration District No. 4222
City (No. St. Ward)

2. FULL NAME Evelyn Pauline Bruner,

(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.

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.

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 Howard Bruner,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/8th 1911

7. AGE: Years 26 | Months 9 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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,

FATHER
13. NAME John Spalding,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Emma Ekston,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas,

17. INFORMANT John Spalding,
(ADDRESS) Eldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Ridge. DATE Io/19th 1937

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette Mo.

20. FILED Nov. 6 1937 V. A. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Io/17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1937 to Oct 17 1937
I last saw h. alive on Oct 17 1937 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary embolism	10-17-37
148	

Other contributory causes of importance:

Confinement -	10-7-37

Name of operation Delivery Date of 10-7-37
What test confirmed diagnosis? Autopsy 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. J. Shaw, M. D.
(Address) Fayette. Mo