

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.

REC'D APR 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Township

City Jefferson City

(No.

Registration District No. 213Primary Registration District No. 3014

Saint Mary's Hospital

St.

Ward)

File No.

10515

Registered No.

80

2. FULL NAME

Charles Brondel 653

(a) Residence, No.

Elston, Mo.

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

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

Mrs. Marie Brondel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs
or min.

31

0

13

OCCUPATION

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)

Elston, Mo.

FATHER

13. NAME Martin Brondel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elston, Mo.

MOTHER

15. MAIDEN NAME Mary Welch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elston, Mo.17. INFORMANT Martin Brondel
(ADDRESS) Elston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elston, Mo. DATE Mar. 5, 3819. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.20. FILED 3/6/38 Subs. J. M. O'Neil
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 193822. I HEREBY CERTIFY, That I attended deceased from February 28, 1938, to Mar. 3, 1938I last saw him alive on Mar 3, 1938. Death is saidto have occurred on the date stated above, at 6:00 a.m.

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

Lobar Pneumonia Date of onset 2-26-38Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. M. O'Neil(Address) Jefferson City, Mo.

