

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC'D JUN 23 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19079

1. PLACE OF DEATH

County *Crawford*
Township *Bayan*
City (No. _____) St. _____ Ward _____

Registration District No. *687*
Primary Registration District No. *5857*

File No. _____
Registered No. _____

2. FULL NAME

Mrs Bertha Brunley 6511
(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

3. SEX *female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 17 1938*

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND-OR (OR) WIFE OF) *J. W. Brunley*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1938*, to *May 17 1938*.
Last saw her alive on *May 16 1938*. Death is said to have occurred on the date stated above, at *11:52 a.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4-28, 1893*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 _____ *19*

Tertiary Syphilis Date of onset *1932*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housekeeper*
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 _____

Other contributory causes of importance: *34*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Elizah, Mo*

1932

FATHER 13. NAME *Philip Garkett*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

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. _____

MOTHER 15. MAIDEN NAME *Arce Hursley*

Manner of injury _____
Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

17. INFORMANT (ADDRESS) *Philip Garkett Elizah, Mo*

(Signed) *C. A. Beach*, M. D.
(Address) *Elizah Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Elizah, Mo* DATE *May 18 38*

19. UNDERTAKER (ADDRESS) *none*

20. FILED *6-10 38* *C. A. Beach* Registrar.

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.

1870

1871

1872

1873

1874