REC'D JUN 8 1938

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

Do not use this space.

19646

1. PLACE OF DEATH

County Saline
Township Nelson
City (No. 4478 St. Ward)

Registration District No. 798
Primary Registration District No. 6024-B-
File No.
Registered No.

2. FULL NAME Rev. Richard Bruner, 656

(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

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Richard Bruner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 29, 1840

7. AGE: YEARS 98 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gospel
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: Abraham Bruner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don,t Know

MOTHER
15. MAIDEN NAME: Julia Tee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don,t Know

17. INFORMANT (ADDRESS): Mrs. Richard Bruner

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nelson Mo DATE: May, 10, 1938, 19

19. UNDERTAKER (ADDRESS): Jones and Salzer, Slater Mo.

20. FILED: May 24, 1938 E. L. Chiswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 7, 193, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1937, to May 7, 1938
I last saw him alive on Oct 1937, 1937. Death is said to have occurred on the date stated above, at 6.30 m P.M.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease — Date of onset: Don't Know

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Other contributory causes of importance: Senility

Name of operation: None Date of: ✓
What test confirmed diagnosis? Physical 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. H. Madison, M. D.
(Address) Marshall Mo

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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.