

FILED MAY 26 1949

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

Do not use this space.

70

15655

1. PLACE OF DEATH

County Reynolds
Township Logan
City (No. St. Ward)Registration District No. 748Primary Registration District No. 5982File No. Registered No. 2. FULL NAME Mary Fay Brunk(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR, OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) baby 05A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2 - 19417. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
0 0 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Rural 013. NAME Lawrence Brunk 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 015. MAIDEN NAME Maud Fears16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 017. INFORMANT (ADDRESS) Lawrence Brunk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carpenter DATE Mar 14 194919. UNDERTAKER (ADDRESS) none20. FILED M 1949

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 194922. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1949, to Mar 13, 1949I last saw her alive on 2:PM, 1949. Death is said to have occurred on the date stated above, at 2:PM.

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

Premature6 months

Other contributory causes of importance:

twinName of operation none Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 1949Where 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? If so, specify (Signed) Nanny Carpenter(Address) Redford, Mo

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.

RECEIVED

District Health Officer No. 5,

District File Number... 5411618

Date Filed

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 748

Primary Registration District No. 5982

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Logan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community, years, months or days)

3. (a) PRINT FULL NAME Mary Faye Brunk

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) June 27 (b) Essie Evans (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Redford Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. PHYSICIAN

Of autopsy. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Mrs. Essie Evans (M. D. or other) L.P.

Address Ellington Mo. Date signed 7/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTAL

S-15655