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

Do not use this space.

14935

1. PLACE OF DEATH

County Henry

Registration District No. 347

File No.

Township

Primary Registration District No. 3018

Registered No.

City Clinton (No. , St. , Ward)

2. FULL NAME John C. Brubaker

(a) Residence, No. 708 E. Green Ward.
(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Sarah E. Brubaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1855

7. AGE YEARS 81 MONTHS — 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. 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Earl Doty
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Good Hope DATE 4-12-1936

19. UNDERTAKER Fred Wilkinson
(ADDRESS) Clinton Mo

20. FILED 4-13-1936 J. R. Hamilton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1935, to April 10, 1936

I last saw him alive on April 10, 1936 Death is said to have occurred on the date stated above, at 2 P. m.

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

Chronic myocarditis — Date of onset 1935

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Other contributory causes of importance:
Bronchiectasis — 1933

Name of operation None. Date of
What test confirmed diagnosis? Clinical 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) S. B. Hughes , M. D.
(Address) Clinton, Mo