

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH
County Pettis Registration District No. 668 File No. 6294
Township _____ or Village _____ Primary Registration District No. 3032 Registered No. 52
City Sedalia (NO. M. K. & N. Hospital) (St. _____) (Ward _____)
FULL NAME L. M. Brudrick ([If death occurred in a hospital or institution, give its NAME instead of street and number])

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word)
DATE OF BIRTH <u>Feb. 20, 1890</u> (Month) (Day) (Year)		
AGE <u>22</u> yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Bridgeman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Manual Labor</u>		
BIRTHPLACE (City or town, State or foreign country) <u>3-07 unknown</u>		
PARENTS	NAME OF FATHER <u>Lewis Brudrick</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>unknown</u>	
	MAIDEN NAME OF MOTHER <u>unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 2-17, 1912, to 2-20, 1912, that I last saw him alive on 2-20, 1912, and that death occurred, on the date stated above, at 11-30 a.m.

The CAUSE OF DEATH* was as follows:
Cerebro-spinal meningitis

(Duration) — yrs. — mos. 6 ds.
Contributory unknown
(SECONDARY) (Duration) — yrs. — mos. — ds.
(Signed) Geo E McCull M. D.
7/21, 1912 (Address) Sedalia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death — yrs. — mos. 3 ds. In the State — yrs. — mos. 3 ds.
Where was disease contracted if not at place of death? Duwanua Ark
Former or usual residence Bluffton Mo

PLACE OF BURIAL OR REMOVAL <u>Bluffton Mo</u>	DATE OF BURIAL <u>unknown, 1912</u>
UNDERTAKER <u>M. C. Laughlin</u>	ADDRESS <u>Sedalia Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo E McCull
(ADDRESS) Sedalia Mo
Filed Feb. 21, 1912 Sam Kelly
Deas K. K. Registrar
Deputy

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*; etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Pettis

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township _____

Registration District No. 668File No. 6294

Village _____

Primary Registration District No. 3032Registered No. 52City Sedalia(NO. M. M. & T. Hospital St. _____)

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

L. M. Brundnick

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S.DATE OF BIRTH Unknown (Month) _____ (Day) _____ (Year) 1890AGE 22 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. _____ or _____ min.OCCUPATION (a) Trade, profession, or particular kind of work Bridgeman
(b) General nature of industry, business, or establishment in which employed (or employer) Manual laborerBIRTHPLACE (City or town, State or foreign country) UnknownNAME OF FATHER Levis BrundnickBIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. E. McNeel
(ADDRESS) Sedalia Mo.Filed April 17 1912 Sam Kelly REGISTRAROriginal file, date FEB 1912

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/20 (Month) _____ (Day) _____ (Year) 1912I HEREBY CERTIFY, that I attended deceased from _____, 1912, to _____, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 11/30 P.M.

The CAUSE OF DEATH was as follows:

Cerebro-Spinal meningitis
Epidemic(Duration) _____ yrs. _____ mos. 6 ds.Contributory Unknown

(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Geo. E. McNeel M. D.
4-8-1912 (Address) Sedalia Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. 3 ds. In the State _____ yrs. _____ mos. 3 ds.Where was disease contracted If not at place of death? Savanna OklaFormer or usual residence Bluffton Mo.PLACE OF BURIAL OR REMOVAL Bluffton Mo. DATE OF BURIAL Unknown 1912UNDERTAKER Mc Laughlin ADDRESS Sedalia Mo.

All information called for must be written on this Supplementary Certificate.

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Association]

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)