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

Do not use this space.

137784

File No. .....

Registered No. 327

1928

1. PLACE OF DEATH

County: Pettis

Registration District No.: 668

Township: Sedalia

Primary Registration District No.: 3032

City: Sedalia (No. 321, E 13 St., ... Ward)

2. FULL NAME: Catherine Brunckhorst

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 19-1864

7. AGE: Years 63 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Joe Gerdts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Grimes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Henry Brunckhorst
(Address): Sedalia

15. FILED 12-21 19 27 J. G. Lowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1927, to Dec. 16, 1927 that I last saw her alive on Dec. 16, 19....., and that death occurred, on the date stated above, at 4.0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia
132A

1010

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Bright's Disease

(duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frank R. Morley, M. D.

Dec 18 19 27 (Address) Sedalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sedalia, Mo.

DATE OF BURIAL: Dec. 18 1927

20. UNDERTAKER: Gillespie

ADDRESS: Sedalia

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.