

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

Do not use this space.

37852

**1. PLACE OF DEATH**

County Polk  
Township Griffin  
City Forest (No. \_\_\_\_\_)

Registration District No. 708  
Primary Registration District No. 6987

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Forest W Brushner

(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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>no</u>	<u>no</u>	<u>no</u>	<u>6</u>	

**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) Goodson Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER F G Brushner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polk Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helm Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polk Mo  
(STATE OR COUNTRY)

14. INFORMANT F G Brushner  
(Address) Goodson Mo

15. FILED 19 J W Moore  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 1st, 1927, to Dec 4, 1927 (that I last saw him alive on Dec 4, 1927, and that death occurred, on the date stated above, at 3 A.m.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

undeveloped died from  
insufficiency of heart  
fract. Prescribed pill  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

161 W  
(duration) yrs. 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) W E Gammison, M. D.

, 19 (Address) Louisburg 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 Brushner DATE OF BURIAL Dec 4 1927

20. UNDERTAKER Hutcherson Blue Bohman  
ADDRESS

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.

JAN 1928

