

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

Do not use this space.

20439

**1. PLACE OF DEATH**

County Grundy  
Township Liberty  
City Orcutt (No. \_\_\_\_\_)

Registration District No. 327  
Primary Registration District No. 5453

File No. \_\_\_\_\_  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William H Brunt

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) March 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67      3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Beekeeper  
(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) Ind.

10. NAME OF FATHER Mr J Brunt

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

12. MAIDEN NAME OF MOTHER Lucy J. Meek

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

14. INFORMANT (Address) Geo. J Meek Galt Mo

15. FILED 6-27-28 W C Weston REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-26-28 to 6-27-28, 1928, that I last saw him alive on 6-26-1928, and that death occurred, on the date stated above, at 2:30 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS**

Myocarditis, acute Simple  
93A 880  
(duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) Air exertion  
(duration) yrs. mos. 2 da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. C. Weston, M. D.  
6-27-1928 (Address) Galt, 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 Old Galt Cemetery DATE OF BURIAL June 28 1928

20. UNDERTAKER R. Payne ADDRESS Galt 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. 1928

