

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

Do not use this space.

32127

1. PLACE OF DEATH

County Jackson Registration District No. 393
Township Amherst Primary Registration District No. 4332
City Blue Springs St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Red Calhoun Bruner
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Minister

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Jacob Bruner

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

15. MAIDEN NAME Sarah / Calvin

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

17. INFORMANT Mr Josie Whitt
(ADDRESS) Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE Oct 16 1932

19. UNDERTAKER W. W. ...
(ADDRESS) Blue Springs

20. FILED 11/9 1932 F. W. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1932

I HEREBY CERTIFY, That I attended deceased from Jany 1 1905, to Oct 15 1932

I last saw him alive on Oct 15 1932. Death is said to have occurred on the date stated above, at 10:09 a. m.

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

Cystitis, Chronic Date of onset _____

72A
97
135B

Other contributory causes of importance:
Asteris sclerosis, Valvular heart disease, Chr.

Name of operation Proctology Date of 1913
What test confirmed diagnosis Set. Phys. 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) W. W. ... M. D.
(Address) Blue Springs 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.

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