JUN 21 1935

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

Do not use this space.

16270

1. PLACE OF DEATH

County Henry

Registration District No. 358

Primary Registration District No. 4208

File No. 5

Registered No. 8

Township

City Deep Water (No. , St. , Ward)

2. FULL NAME Donald Brubeck

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1935

7. AGE YEARS 4   MONTHS   DAYS 2   If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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.

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) Deep Water Missouri

FATHER

13. NAME Jessie Brubeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humansville Mo

MOTHER

15. MAIDEN NAME Faye Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deep Water Mo

17. INFORMANT (ADDRESS) Jessie Brubeck Deep Water, Mo

18. BURIAL, CREMATION OR REMOVAL

PLACE Kala Cem. DATE 5-20 35

19. UNDERTAKER (ADDRESS) Tom Hurst Deep Water, Mo

20. FILED 6-10 19 35 J.J. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17. 1935 to May 19. 193

I last saw him alive on May 18, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

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

Date of onset

Broncho Pneumonia

Other contributory causes of importance

malformation Rdigestion organs diagnosis by Mercy Hospital Luskell

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? If so, specify

(Signed) J.J. Russell M. D.

(Address) Deep Water Mo