

APR 17 1936

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

Do not use this space.

10034

1. PLACE OF DEATH

County Franklin Registration District No. 288
Township Independence Primary Registration District No. 5604
City (No.) St. Ward)

File No.

Registered No.

2. FULL NAME

Austin Thomas Brunley

(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) Mar 20 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 11 15

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. at home
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) Kennett Mo R.F.H13. NAME Will Brunley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Tenn15. MAIDEN NAME Genie Moore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo17. INFORMANT Will Brunley
(ADDRESS) Gen Del Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gregory Cem DATE Mar 7 193619. UNDERTAKER Top Und Co
(ADDRESS) Independence Mo20. FILED Apr 2 1936 Miller Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1 1933 to Mar 6 1936I last saw him alive on Dec 20 1935. Death is saidto have occurred on the date stated above, at 11:45 A.M.

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

Nephritis Date of onset

Other contributory causes of importance

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.

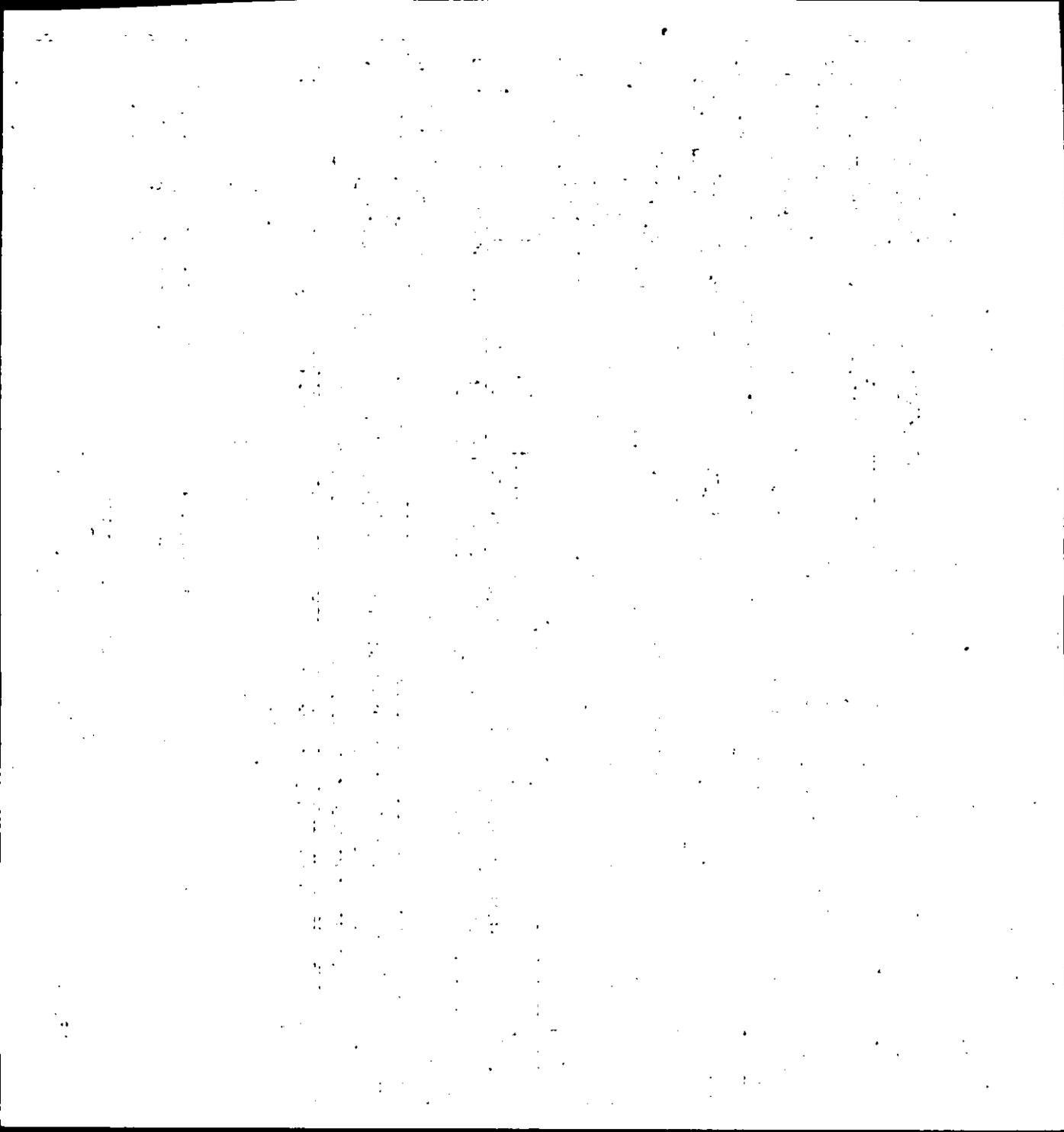
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. R. Rigdon, M. D.(Address) Kennett Mo



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1. PLACE OF DEATH

County Franklin Registration District No. 288 File No.
 Township Independence Primary Registration District No. 5406 Registered No.
 City (No.) St. Ward

2. FULL NAME

Austin Thomas Brunley

(a) Residence, No. St. Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

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

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

7. AGE YEARS 15 MONTHS 11 DAYS 15
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED June 5 1934 Thule Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1936

22. I HEREBY CERTIFY, That I attended deceased from

19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.

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

nephritis Chronic Date of onset

Other contributory causes of importance:

Name of operation M 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. Egan M. D.

(Address) Winnett mo

SUPPLEMENT

S-10034