

Do not use this space.

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

6465

1. PLACE OF DEATH  
 County Franklin Registration District No. 030  
 Township Central Primary Registration District No. 514  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John J. Bruns  
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>48</u>	<u>4</u>	<u>20</u>	

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

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) St. Clair,  
(STATE OR COUNTRY) Mo.

FATHER  
 13. NAME John Bruns, Sr.  
 14. BIRTHPLACE (CITY OR TOWN) Franklin Co., Mo.  
(STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Florence Pierce  
 16. BIRTHPLACE (CITY OR TOWN) St. Clair,  
(STATE OR COUNTRY) Mo.

17. INFORMANT Arthur Bruns  
(ADDRESS) St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE Mar. 11, 1939

19. UNDERTAKER Casey & Co.  
(ADDRESS) St. Clair, Mo.

20. FILED 3/16 39 W. J. [Signature]  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1939

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 11:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Accidental Traumatism  
By Fire arm  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 154

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? tooner Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? at home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home  
 Nature of injury gun shot accident

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Phog. S. [Signature]  
 (Address) Fullerton, 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.

