

REC'D APR 21 1939

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

9941
Do not use this space.

1. PLACE OF DEATH

(a) County Barry 3 Registration District No. 38
 (b) Township White River 1 Primary Registration District No. 2024 Registered No. _____
 (c) City _____ (d) Street No. Route 1, Grandview, Arkansas St. _____
 (e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Martin Luther Brutin St. _____
Barry County, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Lucyann Brutin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1847
 7. AGE YEARS 92 MONTHS 3 DAYS 26 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 1928
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County, Louisiana

FATHER
 13. NAME Enoch Brutin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

MOTHER
 15. MAIDEN NAME Russia Edwards
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

17. INFORMANT (ADDRESS) Walter Brutin, Route 2, Washburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winey DATE 4/19/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fun. Home, Casaville, Mo.

20. FILED 220 1939 Emma Weddington Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18 1939

22. I HEREBY CERTIFY, That I attended deceased from April 14 1939 to April 14 1939
 I last saw him alive on April 14 1939. Death is said to have occurred on the date stated above, at 11:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Influenza
 Date of onset _____
 Other contributory causes of importance: 116'

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 Gerritt H. Salyer, M. D.
 (Signed) _____ (Address) Casaville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X1023

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.