

Brungs, William 1850 - 1931

Kentucky Post - February 21, 1931

BRUNGS RITES MONDAY
Requiem high mass will be intoned Monday at 9 a. m. at St. Mary Cathedral, Covington, for William Brungs, 80, of 1714 Holman-st, Covington. Burial will be in St. Mary Cemetery, Morningview, Ky. Brungs, lifelong resident of Covington, died Friday at his home after a lingering illness. Besides his widow, he is survived by six sons and two daughters. Henry Linne-mann Sons, Covington undertakers, have charge of the funeral.



Brungs, William 1850 - 1931

Dr. Schwertman
4774

Form V. S. 1-A-57m-11-1-30
1 PLACE OF DEATH
County Kenton

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Vet. Pat. _____ Registration District No. 790
Inc. Town _____ Primary Registration District No. 2290
City Covington (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Brungs
(a) Residence No. 1714 Holman St. St. _____ Ward _____ (if nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Feb 20, 1931</u>	
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Helena Benzinger</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 3, 1930</u> to <u>Feb 20, 1931</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb 24, 1850</u>				I last saw him live on <u>Feb 20, 1931</u> , death is said to have occurred on the date stated above, at _____ m.	
7. AGE	Years	Months	Days	The principal cause of death and related causes of importance in order of onset were as follows: <u>Chronic nephritis</u>	
<u>80</u>		<u>11</u>	<u>27</u>	Date of onset <u>1931</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>				Contributory causes of importance not related to principal cause: <u>Arterio sclerosis 11 yrs</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>10 Years</u>				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____				What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____	
13. NAME <u>Weather Brungs</u>				Where did injury occur? (Specify city or town, county, and State) _____	
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				Specify whether injury occurred in industry, in home, or in public place. _____	
15. MAIDEN NAME <u>Anna Linn</u>				Manner of injury _____	
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				Nature of injury _____	
17. INFORMANT (Address) <u>Mrs Anna Brungs</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____	
18. BURIAL, CREMATION, OR REMOVAL (Address) <u>1714 Holman St</u>				(Signed) <u>Dr. Schwertman, M. D.</u>	
19. UNDERTAKER (Address) <u>Henry Gorman done</u>				(Address) <u>Covington Ky</u>	
20. FILED _____				Registrar _____	

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.