

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

Do not use this space.

11604

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Raw

399

Registration District No. ....  
Primary Registration District No. 1002  
(No. 5 West 66 - St)

File No. ....  
Registered No. 1388  
St. .... Ward)

**2. FULL NAME**

Elsie M Bruce  
(a) Residence. No. 5 West 66 - St 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. 2 mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unmarried

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
57 | 7 | 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nebraska  
(STATE OR COUNTRY)

10. NAME OF FATHER Stephen A. Fuller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaretta Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Mrs H M Huxley Daugherty  
(Address) 5 West 66 - St

15. FILED 4/3 27 M.M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1927, to Apr 2 1927, that I last saw h. p. alive on Apr 2 1927, and that death occurred, on the date stated above, at 3:35 P

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Internal abdominal hemorrhage

46 (duration) 5 mos  
CONTRIBUTORY General metastatic lung  
SECONDARY of abdomen - carcinoma uterus  
(duration) 1 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE Oct 1927

WAS THERE AN AUTOPSY? no (At 4 stone)

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination

(Signed) H. C. Larson M. D.  
4/3 1927 (Address) 915 Oggle KC.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tawhuska Okla. DATE OF BURIAL 4/3/27

20. UNDERTAKER D W Newcomer Sons ADDRESS 2111 E 24

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.

3316 Campbell