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.

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

Do not use this space.

15361

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2231

City K. C. Mo. (No. Trinity Lutheran Hospital Ward)

2. FULL NAME Mrs R. M. Bruce

(a) Residence. No. 1218 Robert Gillham Rd. 15 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: Fe
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Robert M. Bruce

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 30 1865

7. AGE: Years 61 | Months 7 | Days 29 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: John D. Rollin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Maine
12. MAIDEN NAME OF MOTHER: Mary Sharpleigh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mass.

14. INFORMANT: Robert M. Bruce (Address) 1218 Robert Gillham Rd.

15. FILED 5/31 1927 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/29/27 19

17. I HEREBY CERTIFY, That I attended deceased from 5/3/27, 19, to 5-29-27, 19, that I last saw her alive on 5-29-27, 19, and that death occurred, on the date stated above, at 8:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adenocarcinoma - Right Ovary

46

(duration) yrs. mos. 7 wk

CONTRIBUTORY (SECONDARY): Metastases (Generalized)

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Memphis - Tenn.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-5-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) John Ogilvie, M. D

5/30 1927 (Address) 1002 Argyle

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lawrence Kans. ~~D. W. Newcomer's Sons~~ — DATE OF BURIAL: June 1 1927

20. UNDERTAKER: D. W. Newcomer's Sons — ADDRESS: K. C. Mo