

OCT 24 1927

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

Do not use this space.

26406

1. PLACE OF DEATH

County Andrew
Township Barton
City Mexico

Registration District No. 26
Primary Registration District No. 5034

File No. _____
Registered No. 125
St. _____ Ward _____

2. FULL NAME Joseph-Henry Bruce

(a) Residence No. Benton City Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9th 1927

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1927, to Sept 9, 1927, that I last saw him alive on Sept 9, 1927, and that death occurred, on the date stated above, at 3:10 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1938

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 69 1 28

18. WHERE WAS DISEASE CONTRACTED 7/4/01

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

Apoplexy
97 (duration) _____ yrs. _____ mos. _____ ds. 6
CONTRIBUTORY Arterio Sclerosis (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Warren Co Mo
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 7/4/01
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Isaac Bruce

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

0 WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Jennie Moore

WHAT TEST CONFIRMED DIAGNOSIS Clinical

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

(Signed) Frank Kelly, D

14. INFORMANT Mr. Chas Hildbrand
(Address) Benton City Mo

9/10 1927 (Address) Mexico, Mo.

15. Sept 10th 27 Edw S. Milligan
REGISTRAR

*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 Benton City Mo DATE OF BURIAL 9-10-1927

20. UNDERTAKER H A Recht & Son ADDRESS Mexico 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.

