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

Do not use this space.

37470

1. PLACE OF DEATH
County Livingston — Registration District No. 508
Township — Primary Registration District No. 3026
City Chillicothe (No. ..... St. ..... Ward)

File No. .....
Registered No. 130

2. FULL NAME Vincent C. Bruce
(a) Residence. No. ..... 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug-16-1841

7. AGE: Years 86 — Months 4 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer (Ret)
(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): Ironton Ohio

PARENTS
10. NAME OF FATHER: Vincent Bruce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Cornelia Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Vermont

14. INFORMANT: Miss Edna Bruce
(Address) Chillicothe Mo

15. FILED 12-22, 1927 Reuben Bonney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 21, 1927 that I last saw him alive on Dec 20, 1927 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis and acute hypertrophy
(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90 B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) A. J. Simpson M.D.
Dec 22 1927 (Address) Chillicothe Mo

*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: Edgewood Cem — DATE OF BURIAL: Dec 23, 1927

20. UNDERTAKER: Jas D Gordon — ADDRESS: Chillicothe 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.