

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

Do not use this space.

6321

MAR 26 1928

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160 File No. 7  
 Township Central Primary Registration District No. 1470 Registered No. 7  
 City University City (No. 511 Adelaide Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Bruce Thomas Unsted Jr

(a) Residence. No. 511 Adelaide 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 Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-3-1927  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
7 | 27 | 0 | 0 | 0

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

9. BIRTHPLACE (CITY OR TOWN) Jackson  
 (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Bruce Unsted Sr  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison  
 (STATE OR COUNTRY) Tenn  
 12. MAIDEN NAME OF MOTHER Evelyn Gorman  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Parisville  
 (STATE OR COUNTRY) Ny

14. INFORMANT Bruce Unsted Sr  
 (Address) Jackson Tenn

15. FILED Feb 28 1928 William Brown  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 1<sup>st</sup> 1928  
 17. I HEREBY CERTIFY, That I attended deceased from January 31<sup>st</sup> 1928, to February 1<sup>st</sup> 1928, and that I last saw him alive on February 1<sup>st</sup> 1928, on the date stated above, at \_\_\_\_\_ P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Gastric Enteritis  
11 1/2 (duration) yrs. mos. 13 ds.  
15 1/2 CONTRIBUTORY Low potassium  
 (SECONDARY) (duration) yrs. mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 113 B  
 IF NOT AT PLACE OF BIRTH \_\_\_\_\_

9. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) John T. Kanaw, M. D.  
2-1-1928 (Address) 5095-Cato ave

\*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 Jackson Tenn DATE OF BURIAL Feb 2 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Debar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Amount of carefully supplied. INFORMATION should be carefully supplied.

