

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

1. PLACE OF DEATH

County Cooper Registration District No. 217
 Township Blackwater Primary Registration District No. 3297
 City (No. _____) St. _____ Ward _____

File No. 8318
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Mrs Nettie Bruce
 (a) Residence No. Blackwater Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 - 1873
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 | 3 | 15 | _____
 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 _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9th 1928
 17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1926, to Mar 3, 1928, that I last saw him alive on Mar 3, 1928, and that death occurred, on the date stated above, at 9 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
48 Cancer of womb
 (duration) 2 yrs. 1 mos. _____ da.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF Mar 9 - 1928
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. D. Darnett, M. D.
 , 19 (Address) Blackwater Mo

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Cooper County Mo.

10. NAME OF FATHER

Little Slocum

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

Ellen Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Cooper County Mo

14.

INFORMANT William Bruce
 (Address) Blackwater Mo

15.

FILED 3-9, 1928 W. J. Honey
 REGISTRAR

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF Mar 9 - 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. D. Darnett, M. D.

, 19 (Address) Blackwater 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

DATE OF BURIAL

Peninsula Church March 10 1928

20. UNDERTAKER

ADDRESS

Goodman & Belle Brownville Mo

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.

1928

