

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

Do not use this space.

30708

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Law Primary Registration District No. _____
 City Kansas City (No. 1820 E 11th Street)

File No. _____
 Registered No. 8959
 St. _____ Ward _____

2. FULL NAME

Dorothy Bruce
 (a) Residence. No. 1820 E 11th St., 2 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** Colored **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15, 1879

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
49 | 7 | 12 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) 92A
92B
107
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Molden

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT J. M. Bruce
 (Address) 1820 E 11th Street

15. FILED 9/24, 1928 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/27 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19
1928, to Mar 1, 1928
 that I last saw her alive on Sept. 26, 1928, and that death occurred, on the date stated above, at 12:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
900 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
Hypertension (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Don't know
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical tests
 (Signed) Dr. M. J. Vanhook, M. D.
9/28, 1928 (Address) 1716 E. 12th St.

*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 Highland Cem **DATE OF BURIAL** 10-1-1928
20. UNDERTAKER Hatkins Bros **ADDRESS** 1729 Lydia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

De Norral Unthank.