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

Do not use this space.

34252 a

~~34349~~

1. PLACE OF DEATH

County Monitau — Registration District No. 1095

Township ~~Walker~~ Moreau — Primary Registration District No. 4336

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Jesse Clark 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 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 - 1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
14	1	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(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) Lupus mo.

PARENTS

10. NAME OF FATHER Jesse M. Bruce

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

12. MAIDEN NAME OF MOTHER [illegible]

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

14. INFORMANT Jesse M. Bruce
(Address) Clarksburg Mo.

15. FILED 10-22 1928 J. C. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 13 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 10 - 7 - 1928, to 10 - 12 - 1928 that I last saw him alive on 10 - 11 - 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever & Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) .....

(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? Widal

(Signed) S. W. Downing, M. D

, 19 (Address) Clarksburg 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: Mt. Zion — DATE OF BURIAL: Oct 14 1928

20. UNDERTAKER: C. Albert Hornbeck — ADDRESS: Prism Home Mt.

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.

OCT 22 1928