

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

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14282

**1. PLACE OF DEATH**

County..... Dent. ..... Registration District No. 266  
 Township..... ~~Springfield~~ ..... Primary Registration District No. 4763  
 City..... Salem Mo. (No. ....) ..... St. .... Ward)

File No. ....  
 Registered No. 52 .....

**2. FULL NAME**

Mrs Julia Ida Bronson

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1929

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

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1929, to April 13, 1929 that I last saw him alive on April 12, 1929, and that death occurred, on the date stated above, at 12:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 1861

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>—</u>	<u>—</u>	<u>4</u>	<u>—</u>

59 Diabetis

**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) .....

59 (duration) 17 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Heart trouble  
 (duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Randolph  
 (STATE OR COUNTRY) Ill.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: .....

10. NAME OF FATHER William Noble

Did AN OPERATION PRECEDE DEATH? no DATE OF .....

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Unice Burleigh

WHAT TEST CONFIRMED DIAGNOSIS? none

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

(Signed) C. C. Welch M. D.

14. INFORMANT Miss Unice Bronson  
 (Address) St. Louis

, 19 (Address) Salem Mo

15. FILED 4/15-29 W. E. Ruvold, Jr., D.C.  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Grove DATE OF BURIAL 4/15 1929

20. UNDERTAKER Carl Spencer ADDRESS Salem Mo.

208-67-11-4  
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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Went  
Township \_\_\_\_\_  
City Salem (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 266  
Primary Registration District No. 4168

File No. \_\_\_\_\_  
Registered No. 3-2

**2. FULL NAME**

Mrs Julia Ida Bronson  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 11 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ (duration) yrs. mos. ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ (duration) yrs. mos. ds.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT \_\_\_\_\_ (Address) \_\_\_\_\_

15. FILED 4/15-29 W. C. Rudd, Jr. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 13 1929

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

\_\_\_\_\_ (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

\_\_\_\_\_, 19\_\_\_\_ (Address)

\*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 \_\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPPLEMENTARY

S-14282