

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

Do not use this space.

34170

**1. PLACE OF DEATH**

County Jasper  
Township Webb City  
City Webb City (No. ....) St. .... Ward)

Registration District No. 417  
Primary Registration District No. 3021

File No. ....  
Registered No. 149

**2. FULL NAME**

(a) Residence. No. 815 West First 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Etta Bruce</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 24, 1853</u>		
7. AGE <u>76</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) ..... (c) Name of employer .....		

9. BIRTHPLACE (CITY OR TOWN) Rome Ga  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>James Bruce</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Carolina</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Carolina</u>

14. INFORMANT E. E. Woods  
(Address) Webb City, Mo.

15. FILED 10/31/29 R. M. Stormont  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 19 27 to Oct 29, 19 29, that I last saw him alive on Oct 29, 19 29, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio sclerosis  
913  
CONTRIBUTORY (SECONDARY) 913

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 Medical history  
(Signed) R. M. Stormont M. D.  
10/31, 1929 (Address) Webb City, 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 Alexandria Indiana DATE OF BURIAL 10/31/29  
20. UNDERTAKER Steele Und Co. ADDRESS Webb City, Mo.

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. WRITE PLAINLY, WITH OBTAINING THE DETAILS OF THE OCCUPATION.

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