

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

Do not use this space.

18312

1. PLACE OF DEATH

County Salt
Township Richland
City Beaumont (No. 2)

Registration District No. 821
Primary Registration District No. 0070

File No. 36
Registered No. _____
St. _____ Ward) _____

2. FULL NAME Louise 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (give the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug - 17 - 19

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
17 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jeffersonville
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Mathew Bruce

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

12. MAIDEN NAME OF MOTHER Adeline Long

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

14. INFORMANT Mathew Bruce
(Address) Beaumont Mo

15. FILED 6/7/30 Walt E. Lewis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21-30

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:

Chronic Parenchymatous Nephritis
131
92A (duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Cardiac Rheumatism
(duration) 6 yrs. 6 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 Clinical & Physical
(Signed) Thomas C. McClure, M. D.
, 19____ (Address) Likeston, 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 McMillin Cemetery DATE OF BURIAL 5-6-1930

20. UNDERTAKER R. D. ... ADDRESS _____

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.

11/20/50

