

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

Do not use this space.

4120

1. PLACE OF DEATH

97 County Saline
Township Cambridge
City _____ (No. _____)

Registration District No. 794

Primary Registration District No. 60374

File No. _____

Registered No. 1

St. _____ Ward _____

2. FULL NAME

Joseph Bruce

(a) Residence. No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 4 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)

12-3-1871

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

39

1

4

8. OCCUPATION OF DECEASED

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

Farmer

(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)

Saline County

10. NAME OF FATHER

Clemens Bruce

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not Known

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not Known

14. INFORMANT

(Address)

Frank Bruce
William Bros

15. FILED

1-7-1931

J. J. Davidson
146

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7- 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-18 1931 to 1-6 1931, and that I last saw him alive on 1-6 1931, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Insufficiency

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. ✓ mos. ✓ ds.

(duration) 9 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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. J. Davidson M. D.

1-7-1931 (Address) William Bros

*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

All Saints Cemetery 1-9 1931

20. UNDERTAKER

ADDRESS

Jonny Willen Slasgow, Mo

N. B.—Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SEP 21 1931

