

MAR 24 1931

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

Do not use this space.

5103

1. PLACE OF DEATH

County Franklin
Township Boles
City Pacific (No.)

Registration District No. 293
Primary Registration District No. 2177

File No.
Registered No. 14 St. Ward

2. FULL NAME Katie 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 22 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Bruce6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 4 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 3/49. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework10. Date deceased last worked at this occupation (month and year) 10-18-1921 11. Total time (years) spent in this occupation.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lissouri13. NAME Eldrige Pyatt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lissouri15. MAIDEN NAME Elizabeth Mathenes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT Elizabeth Pyatt (ADDRESS) St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Cemetery DATE Feb 25, 3119. UNDERTAKER John A. Thiebes & son (ADDRESS) Pacific20. FILED Feb 25, 1931 W. M. Thiebes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 193122. I HEREBY CERTIFY, That I attended deceased from 2-18, 1931, to 2-23, 1931.I last saw her alive on 2-23, 1931. Death is said to have occurred on the date stated above, at 4:25 A.M.

The principal cause of death and related causes of importance were as follows:

SubarachnoidDate of onset 2-17-31

Other contributory causes of importance:

Name of operation none Date of What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Phyllis May, M. D.(Address) Pacific

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.

