

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Flaw Primary Registration District No. 1000  
 City Kansas City (No. 1000 East 33d) St. 1000 Ward 853

**4990**

File No. 1  
 Registered No. 853  
 St. 1000 Ward 853

**2. FULL NAME**

Wesley Albert Bruce  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Oklahoma City Okla  
 (If nonresident, give city or town and State)

**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>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adrie Bruce</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 75-1866</u>				
7. AGE YEARS <u>66</u>	MONTHS <u>11</u>	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>171</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1932 to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. J. M. alive on Feb. 29 11:30 P, 1932. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Feb 10, 1932  
Cerebral hemorrhage  
131  
131  
 Other contributory causes of importance:  
14 hypertension  
Chronic interstitial nephritis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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 E.P. Monahan, M. D.  
 (Address) 311 Argyle 190 M

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Missouri

**FATHER**  
 13. NAME Thomas Bruce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

**MOTHER**  
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Alvin B. Bruce  
 (ADDRESS) 1000 E. 33d KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Mo DATE Mar 2 32

19. UNDERTAKER (ADDRESS) W. St. Ann Pleasant Hill Mo

20. FILED 3/1 1932 M.M. Crowe Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. J. P. Monahan  
Argyle Bldg Vi 7875-

Va 1210