

WHITE 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.

JUN 22 1932

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

Do not use this space.

15893

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Campbell Primary Registration District No. 2001  
 5 City Springfield (No. 137) E. Elm St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Dr. James William Bruton  
 (a) Residence, No. 737 E. Elm St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 3914

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 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 Mrs. Pearl Bruton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1869  
 7. AGE YEARS 63 MONTHS 2 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213  
 10. Date deceased last worked at this occupation (month and year) May 1, 1931  
 11. Total time (years) spent in this occupation 38  
 12. BIRTHPLACE (CITY OR TOWN) Spartan (STATE OR COUNTRY) Mo.  
 13. NAME James J. Bruton  
 14. BIRTHPLACE (CITY OR TOWN) Uniontown (STATE OR COUNTRY) Massachusetts  
 15. MAIDEN NAME Martha A. Farmer  
 16. BIRTHPLACE (CITY OR TOWN) Uniontown (STATE OR COUNTRY) Mo.  
 17. INFORMANT Pearl Bruton (ADDRESS) 737 E. Elm  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE June 1, 1932  
 19. UNDERTAKER J. C. Trimmer & B. C. Kleyber (ADDRESS) 1100 Brownville and Grand Sts.  
 20. FILED May 31, 1932 Ralph W. Fungston Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from about Mar 1927 to May 30, 1932  
 I last saw him alive on May 30, 1932 Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:  
General Arteriosclerosis, Hypertension  
130 97 950 / 320  
 Other contributory causes of importance: 1  
Acute Dilatation of the heart myocardial failure  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What last 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. B. Collins M. D.  
 (Address) 318 1/2 College St

