

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

Do not use this space.

**1. PLACE OF DEATH**

County Missouri Registration District No. 5761  
 Township Lucas Primary Registration District No. 5772  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 23833

Registered No. \_\_\_\_\_

**2. FULL NAME**

(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-12-1836

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	77	3	12	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lucas  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Green Clay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mary M. Murrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

14. INFORMANT A. Bruce  
 (Address) Lucas Mo

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-24-33

17. I HEREBY CERTIFY, that I attended deceased from June 30, 1933, to 7-24, 1933 that I last saw him alive on 7-22, 1933 and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Rupture Gall Bladder & Acute Peritonitis

CONTRIBUTORY (SECONDARY) Hydatid Cyst of Gall Bladder (duration) 24 yrs. 10 mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-1-33

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) A. Murrell M. D.

(Address) Pranic Home No 2533

\*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 Mt Zion Cem DATE OF BURIAL 7-25-33

20. UNDERTAKER Albert Humbert ADDRESS Pranic Home

RECORD

WRITE PLAINLY, WITH INK

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

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