

DEC 19 1934

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

Do not use this space.

40387

1. PLACE OF DEATH
 County Putnam Registration District No. 718
 Township Jackson Primary Registration District No. 3949
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Robert Wayne 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 yrs. mos. 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1934 to Nov 19 1934
 I last saw him alive on Nov 7 1934. Death is said to have occurred on the date stated above, at 4:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Epileptic Convulsion
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. A. Steele M. D.
 (Address) Lincume Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

13. NAME J. O. Bruce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

15. MAIDEN NAME Fanny Wernack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

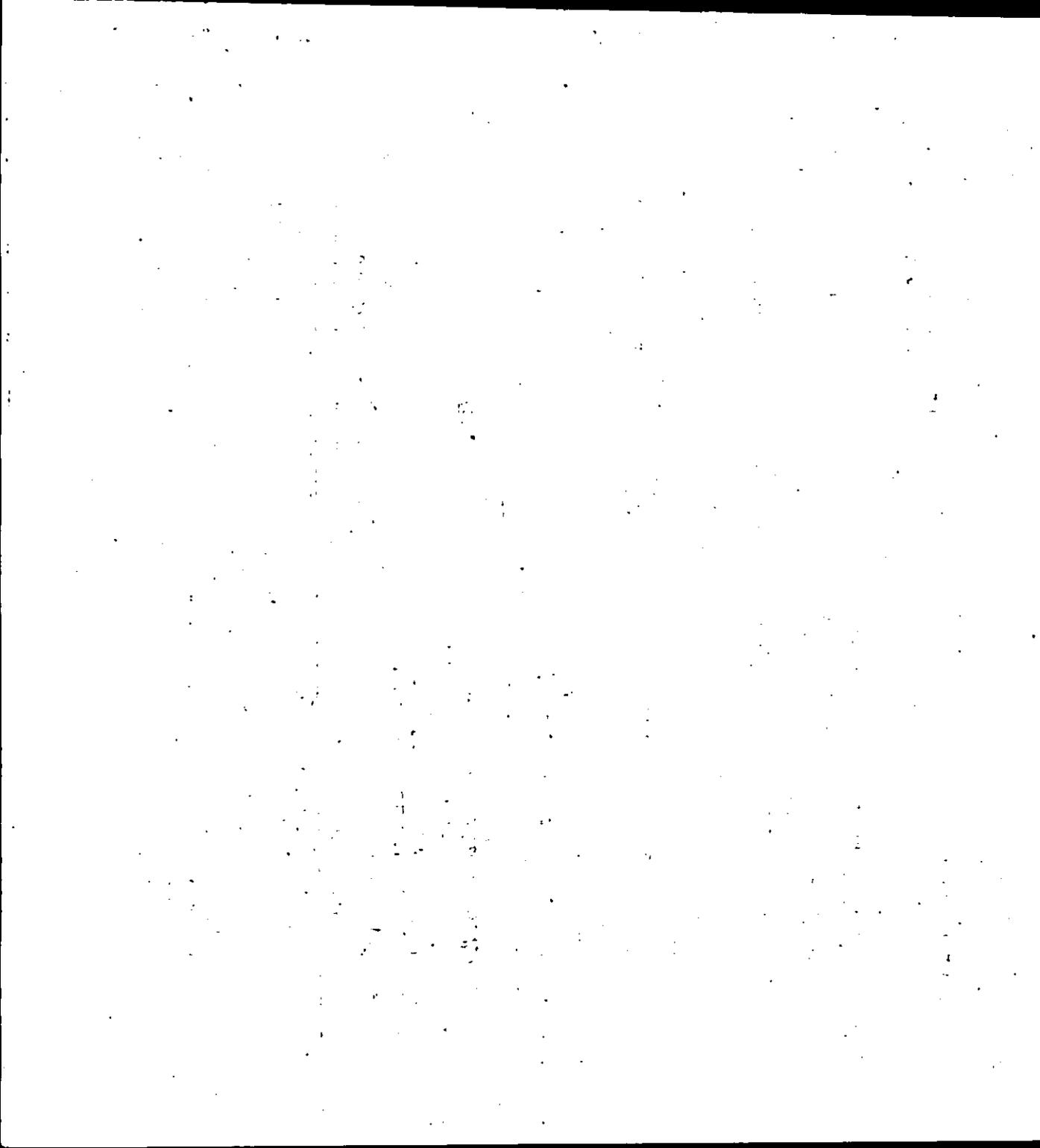
17. INFORMANT (ADDRESS) J. O. Bruce

18. BURIAL, CREMATION, OR REMOVAL PLACE West Liberty Co DATE Nov 17 1934

19. UNDERTAKER (ADDRESS) Comstock Bros Co

20. FILED Nov 17 1934 H. W. Gillum Registrar

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Peetman
Township Jackson
City _____ (No. _____)

Registration District No. 718
Primary Registration District No. 5949

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Wayne 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH MONTH, DAY, AND YEAR Nov 16 1934

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

22. I DR. J. W. STEELE CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

Last seen alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 0 0 15

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ If Total time (years) spent in this occupation _____

6 epileptic convulsions Date of onset _____

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

Other contributory causes of importance: no injury at birth

13. NAME _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

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

17. INFORMANT (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) _____

If so, specify _____ (Signed) J. W. Steele, M. D.

20. FILED Nov 17 1934 J. W. Steele Registrar

(Address) Peetman

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REGISTRATION OF OCCUPATION IS VERY IMPORTANT.

SUPPLEMENTARY

JAN 3 1 1935

FEB 7 1935

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