

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

Do not use this space.

42744

DEC 15 1934

**1. PLACE OF DEATH**

44 County Holt Registration District No. 370 File No. \_\_\_\_\_  
 Township Forest Primary Registration District No. 5516 Registered No. 18  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Serena Mary Bruce

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. - 0 mos. - 0 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 James Bruce  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12 - 1886  
 7. AGE YEARS 48 MONTHS 7 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same  
 10. Date deceased last worked at this occupation (month and year) about Nov 1 - 1934 11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agenay mo.

13. NAME Alfred J. Hackney

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

15. MAIDEN NAME Pauline Slover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas W. Kansas

17. INFORMANT James Bruce (ADDRESS) Forest City mo

18. BURIAL, CREMATION, OR REMOVAL Ashland Cem DATE Dec 10 1934

19. UNDERTAKER Arthur Pettigrew (ADDRESS) Oregon mo.

20. FILED D.W. 9 - 1934 J. H. Hullock Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934, to Dec 8, 1934  
 I last saw him alive on Dec 7, 1934. Death is said to have occurred on the date stated above, at 2:55 AM  
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis  
131  
131  
 Other contributory causes of importance:  
Essential hypertension 6/1/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Heart & kidney Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Manner of injury same  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. F. Kuryak, M. D.  
 (Address) Oregon mo

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.

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