

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.

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

Do not use this space.

JUN 24 1935

17052

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township Chillicothe Primary Registration District No. 3026
City Chillicothe (No. _____) St. _____ Ward _____

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME Emma L. Bruce

(a) Residence, No. 920 Bryan St. 1st Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31-1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>11</u>
	DAYS <u>16</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>at Home</u>	
	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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phill.</u>		
FATHER	13. NAME <u>Rob. Arnel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phill.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Miss Vernece Bruce</u> (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edgewood</u> DATE <u>May 18 1935</u>		
19. UNDERTAKER <u>F. B. Norman</u> (ADDRESS) <u>Chillicothe Mo</u>		
20. FILED <u>May 17 1935</u> <u>Samuel M. Dowdell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1935

22. I HEREBY CERTIFY, that I attended deceased from May 17 1935 to May 17 1935.
I last saw her alive on May 17 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 5/17/35
Arterio-sclerosis

Other contributory causes of importance; _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical exam _____
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? W
If so, specify _____
(Signed) J. M. Russell, M. D. M. D.
(Address) Chillicothe Mo

