

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.

OCT 28 1935

30378

1. PLACE OF DEATH

84

County Polk
Township Aldrich
City Aldrich (No. _____)

Registration District No. 700
Primary Registration District No. 4421

File No. _____
Registered No. 16
St. _____ Ward _____

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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 5 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Kansas

FATHER 13. NAME Thomas L Turman

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

MOTHER 15. MAIDEN NAME Martha Tindle

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

17. INFORMANT J. A. Bruce
(ADDRESS) Aldrich, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE Sept 25, 1935

19. UNDERTAKER Hutchins Blue & Donaldson
(ADDRESS) Aldrich

20. FILED Sept 30, 1935 Verna Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept - 5 -, 1935, to Sept - 24 -, 1935

I last saw him alive on Sept - 18 -, 1935. Death is said to have occurred on the date stated above, at 4.9 a. m.

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

Tuberculosis Date of onset Sept 1881

Other contributory causes of importance: Chronic kidney disease Heart trouble

Name of operation _____ Date of _____
What test 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? None Date of injury Sept 24, 1935
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) W. S. Myers, M. D.
(Address) Aldrich, Mo.

