Dr. H Taylor

DEC 17 1935

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

Do not use this space.

35535

1. PLACE OF DEATH

County: Cole — Registration District No.: 213 — File No.:

Township: — Primary Registration District No.: 3014 — Registered No.: 307

City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Susie 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	5	19	

OCCUPATION

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. "

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) Newcastle, Pa

FATHER

13. NAME David S. Pollock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle, Pa

MOTHER

15. MAIDEN NAME Sarah Kuhn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle, Pa

17. INFORMANT (ADDRESS) Ozie Bruce, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Nov-5-- 1935

19. UNDERTAKER (ADDRESS) Thorpe J. Gordon, Jefferson City Mo

20. FILED 11/4 1935 W Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1935, to Nov 3, 1935

I last saw her alive on Nov 3rd, 1935. Death is said to have occurred on the date stated above, at 11 A m.

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

Cerebral Hemorrage — Date of onset 11-2-35

Other contributory causes of importance: Arthrosclerosis

Name of operation: No — Date of .....

What test confirmed diagnosis? Physical — Was there an autopsy? No

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? No

If so, specify .....

(Signed) H. J. Taylor, M. D.

(Address) Jefferson City Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.