

APR 23 1936

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

Do not use this space.

12010

1. PLACE OF DEATH

County PutnamRegistration District No. 718Township JacksonPrimary Registration District No. 5949

City (No.)

St. Ward

2. FULL NAME Marta 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edd Bruce6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-18837. AGE YEARS 52 MONTHS 9 DAYS 20 If LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

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) Mo13. NAME William Houston14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Edna Dixon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT Fern Atkins(ADDRESS) Person. no.18. BURIAL, CREMATION, OR REMOVAL BurialPLACE Dixon Cem. DATE19. UNDERTAKER F. W. Husler & Son(ADDRESS) Monroeville Mo20. FILED April 27, 1936 M. W. Gillum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 193622. I HEREBY CERTIFY, That I attended deceased from 3/26, 1936, to 3/29, 1936I last saw her alive on Mar. 28, 1936. Death is said to have occurred on the date stated above, at 4551m.

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

Influenza pneumonia

Date of onset

3/26/36

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? chem. Was there an autopsy?

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

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) Paul Martin, M. D.(Address) Monroeville 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.

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