

JUL 24 1936

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

Do not use this space.

22805

1. PLACE OF DEATH

County Jackson Registration District No. ....

Township Jackson Primary Registration District No. ....

City James City (No. 7-C Gen Hosp) St. .... Ward)

File No. 2725

Registered No. ....

2. FULL NAME

(a) Residence, No. 705W 13<sup>th</sup> 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1936 to 6-4, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 78-1877

I last saw him alive on 6-4, 1936 Death is said to have occurred on the date stated above, at 9:35 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hrs. or ....min.  
58 10 6

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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

Squamous cell carcinoma of neck  
Date of onset  
  
Other contributory causes of importance:  
Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation 53 Date of  
What test confirmed diagnosis? Was there an autopsy? Yes

13. NAME Joseph Bruce

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Rebecca Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 6-9 1936

19. UNDERTAKER (ADDRESS) Wm. E. Fisher

20. FILED 6-6 1936 M. M. New, Asst Registrar

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) J. C. Gen Hosp, M. D.  
(Address) 7-C Gen Hosp

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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