

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.

DEC 16 1937

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41069

1. PLACE OF DEATH
 County COOPER Registration District No. 218
 Township _____ Primary Registration District No. 3013
 City BOONVILLE (No. _____ St. _____ Ward _____)
 2. FULL NAME BARBARA ANN BRUCE
 (a) Residence, No. WATER 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 NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nov. 14/37
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT
 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) BOONVILLE MO
 FATHER 13. NAME BOOKER T. BRUCE
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MO.
 MOTHER 15. MAIDEN NAME DAISY WRIGHT
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY MO.
 17. INFORMANT BOOKER T. BRUCE
 (ADDRESS) BOONVILLE MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEM DATE Nov 29 1937
 19. UNDERTAKER STEGNER-KOENIG
 (ADDRESS) BOONVILLE MO.
 20. FILED NOV. 29 1937 Booper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1937
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1937 to Nov. 28 1937
 I last saw her alive on Nov. 28 1937. 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:
Brain chd. pneumonia
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 Other contributory causes of importance:
Premature Birth approx 7 or 8 months
 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? _____ 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) P. Leon Hill M. D.
 (Address) 1102 - 3rd St. Boonville Mo

