REC'D FEB 11 1939

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

Do not use this space.

1845

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125 File No. 3009
Township Primary Registration District No. Registered No.
City Cape G. (No. St Francis Hospital St. Ward)

2. FULL NAME 620 JOE DARIOUS BRUCE
(a) Residence, No. St., Ward. ORAN, Mo.
(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 WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1938
7. AGE YEARS 0 MONTHS 0 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

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

FATHER
13. NAME JOE BRUCE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MALDEN Mo

MOTHER
15. MAIDEN NAME VIOLET ROBERTS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK

17. INFORMANT (ADDRESS) JOE BRUCE ORAN, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE FRIENDS HILL DATE 1-7-39
19. UNDERTAKER (ADDRESS) FATHER 121
20. FILED 1-6 1939 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6, 1939
22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1939, to 1/6, 1939
I last saw him alive on 1/6, 1939 Death is said to have occurred on the date stated above, at 6:45A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage 161 D
from cord

Other contributory causes of importance:

Blood Dyscrasia

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

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?
If so, specify
(Signed) [signature], M. D.
(Address) Cape Girardeau Mo

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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