

FEB 7 1939

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

Do not use this space.

2917

1. PLACE OF DEATH

County Linn
Township Harrison
City Clinton (No. _____) St. _____ Ward _____

Registration District No. 486
Primary Registration District No. 5-649

File No. _____
Registered No. 2

2. FULL NAME

Lloyd Bruce

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1857

7. AGE YEARS 81 MONTHS 56 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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. retired farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Linn County (STATE OR COUNTRY) Missouri

13. NAME Samuel Bruce

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

15. MAIDEN NAME Rosaline Overall

16. BIRTHPLACE (CITY OR TOWN) Linn County (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Edna Christanell (ADDRESS) 704 1/2 W. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Corinth DATE Jan 6 - 1939

19. UNDERTAKER Clifton Miller (ADDRESS) Clisbury, Mo

20. FILED 2-10-39 19 39 Mrs. Etta Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 4, 1939

22. I HEREBY CERTIFY That I attended deceased from May 6, 1936 to January 4, 1939

I last saw him alive on Jan. 14, 1939. 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:

chronic myocarditis followed by cardiac decompensation.

Date of onset

Other contributory causes of importance:

old age

Name of operation _____ Date of operation _____
What test confirmed diagnosis? Physical Examination 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? No

If so, specify _____ (Signed) Dr. J. J. Allevato, M. D.

(Address) Winfield, 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.

