

APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Registration District No. 532  
Township La Plata Primary Registration District No. 4318  
City La Plata (No. 2)

File No. 11480  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Katie Bruce

(s) 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 <u>H.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sylvester C Bruce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 - 1870</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>0</u>
	DAYS <u>3</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self &amp; family</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1939  
22. I HEREBY CERTIFY That I attended deceased from Nov 4 1938 to March 3 1939  
I last saw her alive on March 3 1939. Death is said to have occurred on the date stated above, at 12 noon m.  
The principal cause of death and related causes of importance were as follows:

Aneurism Thoracic aorta  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: none.  
Ab

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) H.O. Newton, M. D.  
La Plata Mo. (Address) 473

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maumona Co. Mo.</u>
	13. NAME <u>Jefferson Lee</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Elizabeth Straight</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
17. INFORMANT <u>Ray Bruce</u> (ADDRESS) <u>La Plata Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Plata</u> DATE <u>Mar 5</u> 19 <u>39</u>	
19. UNDERTAKER <u>B. J. Christie</u> (ADDRESS) <u>La Plata Mo.</u>	
20. FILED <u>Mar 6</u> 19 <u>39</u> <u>Louise J. Smith</u> Registrar.	

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-613

Date Filed APR 17 1939