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.

85 1001

32720

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 32720
Township — Primary Registration District No. — Registered No. 1105
City St. Joseph, Mo. (No. 2724 Monterey Street. St. Ward)

2. FULL NAME Mary A. Bruce
(a) Residence. No. 2724 Monterey Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 11 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 18, 1849

7. AGE: Years 78, Months 8, Days 13. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andes
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Alex E. Liddle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER McGregor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mr. E. A. Bruce,
(Address) 2724 Monterey Street

15. FILED NOV 2 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 1, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to Nov 1, 1927 that I last saw her alive on Oct 30, 1927, and that death occurred, on the date stated above, at 1:05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4 [illegible]

Carcinoma of Stomach

About (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

4 [illegible] (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) [illegible] M. D
11/2, 1927 (Address) 301 [illegible] Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Garden Grove, Iowa.
DATE OF BURIAL: November 2 1927

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1208 Francis