

1928

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

Do not use this space.

## PLACE OF DEATH

County Cooper  
Township Bunceton  
City (No. ....) (Ward) .....

Registration District No. 219  
Primary Registration District No. 4132

36462 2 a  
File No. ....  
Registered No. 34  
St. .... Ward)

2. FULL NAME Ellen Bruce

(a) Residence. No. .... Sl. .... Ward. ....  
(Usual place of abode) 50 yrs. mos. da. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Bruce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
51 I 19

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Cooper Co MO  
(STATE OR COUNTRY)

10. NAME OF FATHER John Obrain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline Emery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co MO  
(STATE OR COUNTRY)

14. INFORMANT Blanch Gray  
(Address) Bunceton MO

15. FILED Nov 30, 28 Hattie Parker  
19... REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from July 25 1928, to Nov 27<sup>th</sup> 1928, 19... that I last saw her alive on Nov 20<sup>th</sup> 1928, 19... and that death occurred, on the date stated above, at 10:00 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular disease of the heart  
with  
coronary atherosclerosis  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) hypertension  
(duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF NOWAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS? NO

(Signed) H. H. Parker, M. D.  
, 19 (Address) Bunceton Mo

\*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. DATE OF BURIAL, CREMATION, OR REMOVAL Bunceton MO II-30-28 DATE OF BURIAL 19

20. UNDERTAKER L. G. Parker Bunceton Mo ADDRESS

L. G. Parker Bunceton 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.

