MAY 29 1929

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

Do not use this space.

15610

1. PLACE OF DEATH
County: Platte
Registration District No.: 692
Primary Registration District No.: 4414
File No.:
Registered No.:
Township:
City: Dearborn (No. ..... St. ..... Ward)

2. FULL NAME: Sophia Bruce

(a) 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF John Bruce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3rd 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	8	15	

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

9. BIRTHPLACE (CITY OR TOWN) Platte Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William Clay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Sarah Collet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Laura A. Ratcliff
(Address) Dearborn Mo.

15. FILED April 18, 1929 M. W. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 - 1929

17. I HEREBY CERTIFY, That I attended deceased from April 9th, 1929, to April 18, 1929, that I last saw him alive on April 8, 1929, and that death occurred, on the date stated above, at 8 45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
100/O/A
(duration) X yrs. X mos. 9 ds.

CONTRIBUTORY (SECONDARY) Don't Know
(duration) X yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) M. W. Moore M. D.
4/18, 1929 (Address) Dearborn 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. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Dearborn Cemetery	Apr 19 - 1929
20. UNDERTAKER	**ADDRESS**
Lucian Davis	Dearborn 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.