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

Do not use this space.

1. PLACE OF DEATH
County Carroll — Registration District No. 734 — File No. 8160
Township ~~Ridge~~ — Primary Registration District No. 4075 — Registered No. 6
City Bosworth, (No. ..... St. ..... Ward)

2. FULL NAME Willard Albert Bruce
(a) Residence, No. ..... St., ... Ward. Triplett Mo
(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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23-34
7. AGE YEARS MONTHS DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bosworth, MO.

FATHER
13. NAME Willard Bruce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo

MOTHER
15. MAIDEN NAME Marcello Wolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edenburg Ill

17. INFORMANT (ADDRESS) Marcello Wolf
18. BURIAL, CREMATION, OR REMOVAL
PLACE McCoulghy DATE MAR. 9th 1934
19. UNDERTAKER (ADDRESS) Louis Bizard Bosworth Mo
20. FILED Mar 9, 1934 Mrs. Boss Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9. 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1934 to Mar. 8, 1934
I last saw him alive on Mar 8, 1934. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	
9	
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Other contributory causes of importance: Undernourished

Name of operation ..... Date of .....
What test confirmed diagnosis? Epidemic 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) A. J. Boss Brown, M. D.
(Address) Bosworth 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.