

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH *Ray*
 County *Ray* Registration District No. *744*
 Township *Henrietta* Primary Registration District No. *59762* File No. *2752*
 City *Henrietta* No. *8* Registered No. *8* St. *8* Ward *8*

2. FULL NAME *Mrs Julia Ann Bruce*
 (a) Residence No. *Henrietta* St. *8* Ward *8*
 (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Late Perry G. Bruce*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *October 28, 1951*
 7. AGE YEARS *85* MONTHS *2* DAYS *22* If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
 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) *Monterey Co. Missouri*
 MOTHER FATHER 13. NAME *Adora Evers*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*
 15. MAIDEN NAME *Alpha Devian*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*
 17. INFORMANT *Mrs George Bruce*
 (ADDRESS) *Henrietta Missouri*
 18. BURIAL CREMATION, OR REMOVAL PLACE *Henrietta* DATE *January 23, 37*
 19. UNDERTAKER *Paul M. ...*
 (ADDRESS) *Henrietta Missouri*
 20. FILED *2-7-37* *E. G. Ray*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 20, 1937*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 1937* to *Jan 1937*
 I last saw her alive on *Jan 20, 1937* Death is said to have occurred on the date stated above, at *8* m.
 The principal cause of death and related causes of importance were as follows:
Bronchitis
Influenza
old age
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (accident, suicide, or homicide), 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?
 If so, specify _____
 (Signed) *E. G. Ray* M. D.
 (Address) *Henrietta Missouri*

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.

MO. 19-26
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