

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

Do not use this space.

1. PLACE OF DEATH

96
89
91
County.....
Township.....
City St. Louis, Mo.

FEB 8 1937 791
Registration District No.....
Primary Registration District No. **1003**
(No. Masonic Home 7)

3760
File No.....
Registered No. **796**
St. Ward)

2. FULL NAME Mrs. Carrie Alice Bruce,

(a) Residence, No. 5351 Delmar Blvd. St. 12 Ward. 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C Bruce</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3, 1853</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>4</u>	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936, 19..... to January 16, 1937 19.....
I last saw her alive on January 16, 1937 19..... Death is said to have occurred on the date stated above, at 6:40 P. M.
The principal cause of death and related causes of importance were as follows:
Date of onset

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Nil 262</u>
	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

Cerebral Hemorrhage 87 a 1 day

Other contributory causes of importance:

Hypertension 8 Mont

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co., Indiana 2

Name of operation..... Date of.....
What test confirmed diagnosis? Phy. Ex. Was there an autopsy NO.

FATHER	13. NAME <u>Joseph Kenworthy</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> <u>2</u>

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.

MOTHER	15. MAIDEN NAME <u>Anna Lane</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> <u>2</u>

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS) Thelma Walker 5351 Delmar Blvd

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Doton Cameron M. D.
(Address) 508 N. 8th and Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Neoga Ill DATE 1-20-37

19. UNDERTAKER (ADDRESS) Meek & Dickman 3039 Easton Ave.

20. FILED JAN 18 1937 J. F. Bredeck Registrar.

N. B.—Every item of information secured by cemetery supplies. Age should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

