

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County COOPER

Registration District No. 218

Township

Primary Registration District No. 3015

City BOONVILLE

(No. _____)

41061

File No. _____

Registered No. 102

2. FULL NAME INFANT of MR & MRS BOOKER T. BRUCE

(ARGERIE LOUISE)
BRUCE

(a) Residence, No. WATER ST. 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

FEMALE

4. COLOR OR RACE

NEGRO

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

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

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

Nov 14-1937

7. AGE

YEARS

MONTHS

DAYS

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.

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)

BOONVILLE MO

FATHER

13. NAME

BOOKER T. BRUCE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

COOPER COUNTY MO

MOTHER

15. MAIDEN NAME

DAISY WRIGHT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

COOPER MO COUNTY

17. INFORMANT (ADDRESS)

BOOKER T. BRUCE BOONVILLE MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CITY CEMETERY DATE Nov 15 1937

19. UNDERTAKER (ADDRESS)

STEGNER-KOENIG BOONVILLE MO.

20. FILED

NOV 15 1937

Dr. Cooper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 14, 1937, to Nov 14, 1937

I last saw him alive on Nov 14, 1937. Death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Primum Billa
8 months

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? Yes

If so, specify _____

(Signed) R. Conville, M. D.

(Address) 1107-3rd Boonville

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.

