

REC'D SEP 14 1938

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

28425

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
(b) Township Washington Primary Registration District No. 5127
(c) City Industrial City Street No. R.T.D #2 Registered No. 42
(d) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John B Bruce

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eleanor C Barrett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3 - 1850</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>8</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retail Lumber</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1931</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Princeton Mercer Co. Mo.</u>		
13. NAME <u>John B Bruce</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartford Ky</u>		
15. MAIDEN NAME <u>Rose Ann Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew Co Mo.</u>		
17. INFORMANT (ADDRESS) <u>E B Bruce Industrial City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattsburg Mo.</u> DATE <u>Aug 14 - 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Berkins Lefor Plattsburg Mo.</u>		
20. FILED <u>Aug 10 1938</u> <u>Myrtle M. Harwood</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 8th 1938, to Aug 10th 1938
I last saw him alive on August 9th 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage. Date of onset _____
arteriosclerosis

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? Physical 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R B Simmons M. D.
(Address) 801. Franklin St. Joseph, Mo.

WHITE FEMALE, WITH CHANGING INTERMITTENTLY 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)