

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

Do not use this space.

70

1. PLACE OF DEATH  
 County Barry Registration District No. 30 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3003 Registered No. \_\_\_\_\_  
 City Monett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joseph Allen Bruce  
 (a) Residence, No. 304 Euclid 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 0 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Conductor

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) Rappon, Mo 2

FATHER 13. NAME David Bruce  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizabeth Mattheus  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Louise Bruce Monett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Jan 13, 1932

19. UNDERTAKER (ADDRESS) Callaway Monett Mo

20. FILED 1-12-1932 W. M. West Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1932

22. I HEREBY CERTIFY That I attended deceased from Dec 22, 1930 to Jan 10, 1932  
 I last saw him alive on Jan 10, 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Valvular heart disease complicated by Diabetes Mellitus  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
9 59

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed the diagnosis? Post-mortem Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 E  
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. E. Mello, M. D.  
 (Address) Monett, Mo.

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.

FEB 20 1932

