

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

8336

**1. PLACE OF DEATH**

County Cooper  
Township Saline  
City (No. ....) (Ward) .....

Registration District No. 225  
Primary Registration District No. 5306

File No. ....  
Registered No. 10  
St. .... Ward) .....

**2. FULL NAME** Mrs Maggie E Bruce

(a) Residence. No. .... 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. ~~Is MARRIED, WIDOWED, or DIVORCED~~  
HUSBAND or (OR) WIFE OF Albert Bruce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 | 6 | 22 | — hrs. — min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Cooper Mo  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ed W. Clanshaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper Mo  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Jew Renfrow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monteau Co. Mo.  
(STATE OR COUNTRY) Mo.

14. INFORMANT Albert Bruce  
(Address) Woodridge Mo

15. FILED Mar 23 1928  
REGISTRAR W.E. Hooper

**MEDICAL CERTIFICATE OF DEATH**

2 9:30 PM

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1928

17. I HEREBY CERTIFY That I attended deceased from 9-28-28 to 3-18-28  
that I last saw him alive on 2-18-28 and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronch. Pneumonia  
Influenza  
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. L. Muelbach, M. D.  
(Address) Pratt House

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kopp Chapel DATE OF BURIAL Mar 20 1928

20. UNDERTAKER Goodman & Roller ADDRESS Booswill Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state sex and marital status.

