

COPY

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

Do not use this space.

1. PLACE OF DEATH

27 County Cooper  
Township  
City (No.)

Registration District No. 224  
Primary Registration District No. 3-315

File No. 26009a  
Registered No. 14  
St. Ward

2. FULL NAME

Thomas Wesley Bruce  
(a) Residence No. St. Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 1 15

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

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

10. NAME OF FATHER Meredith Bruce

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

12. MAIDEN NAME OF MOTHER Mary Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT (Address) M Bruce  
1001 1/2 N. 4th

15. FILE NO. 8-17-33 REGISTRAR Meredith

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-16-33

17. I HEREBY CERTIFY that I attended deceased from May 1933 to 8-17-33 and that I last saw him alive on 8-17-33 and that death occurred, on the date stated above, at 69 m.

18. CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stroke - Valvular  
Failure of Heart  
Unknown  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) G R Meredith M.D.  
(Address) Prairie Home Mo

\*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 Copp Chapel DATE OF BURIAL 8-17-33

20. UNDERTAKER Robert Stambaugh ADDRESS Springfield Mo

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.

JAN 4 1934

PARENTS

