

JUL 3 0 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monteau
 Township Union
 City Union (No. 1)

Registration District No. 574
 Primary Registration District No. 3722A

File No. 24358

Registered No. St. Ward

2. FULL NAME

(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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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) Monteau Co Mo

13. NAME James Bruce

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

15. MAIDEN NAME Helen Sharpe

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

17. INFORMANT (ADDRESS) James Bruce Union Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bruce Farm DATE 6-9 1937

19. UNDERTAKER (ADDRESS) None

20. FILED June 12 1937 Miss Abbie Biesel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 1937

I HEREBY CERTIFY, That I attended deceased from June 9 1937 to June 13 1937
 I last saw him - alive on June 13 1937 Death is said to have occurred on the date stated above, at 10:30 am.
 The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset June 7 - 37

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify
 (Signed) Dr. Meredith M. D.
 (Address) Prater Home 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.

RECORDING INFORMATION IS A PERMANENT RECORD

