

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

Do not use this space. B

40152-~~25~~  
File No. 1934  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jasper Registration District No. 574  
Township Lin Primary Registration District No. 57729  
City \_\_\_\_\_ (No. \_\_\_\_\_)

**2. FULL NAME** Coleman M 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**

<b>3. SEX</b> <u>male</u>	<b>4. COLOR OR RACE</b> <u>white</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>married</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Eliza</u>		
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>Jan. 24 - 1860</u>		
<b>7. AGE</b> <u>70</u>	<b>YEARS</b> <u>70</u>	<b>MONTHS</b> <u>X</u> <b>DAYS</b> <u>28</u> <b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
<b>8. OCCUPATION OF DECEASED</b> (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

**9. BIRTHPLACE (CITY OR TOWN)** Monticello Co.  
(STATE OR COUNTRY)

<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>Alfred Bruce</u>
	<b>11. BIRTHPLACE OF FATHER (CITY OR TOWN)</b> <u>Virginia</u> (STATE OR COUNTRY)
	<b>12. MAIDEN NAME OF MOTHER</b> <u>Eliza Deatherage</u>
<b>13. BIRTHPLACE OF MOTHER (CITY OR TOWN)</b> <u>Monticello Co.</u> (STATE OR COUNTRY)	

**14. INFORMANT** Alfred B Bruce  
(Address) Jasper Missouri

**15. FILED** Dec 29 1930 Ellis E Raikes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 23 1930  
**17. I HEREBY CERTIFY**, That I attended deceased from Dec 17 1930 to Dec 23 1930  
that I last saw him alive on Dec 22 1930 and that death occurred, on the date stated above, at 2:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

acute endocarditis  
91H  
1 1/2 (duration) yrs. 5 mos. 5 ds.  
**CONTRIBUTORY (SECONDARY)** Chronic Asthma  
unknown (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** \_\_\_\_\_  
**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) Ellis E Raikes M. D.  
Dec 23 1930 (Address) Jamestown 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** Wickham Cemetery Dec 23 1930  
**DATE OF BURIAL**

**20. UNDERTAKER** Frank Wickham Jamestown Mo  
**ADDRESS**

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 1931

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

11