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

Do not use this space.

File No. 23833

Registered No.

1. PLACE OF DEATH
County Moniteau
Township Lupus
City (No. St. Ward)

Registration District No. 5701
Primary Registration District No. 5742

2. FULL NAME Margaret Bruce

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jm Bruce

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-12-1856

7. AGE: Years 77, Months 3, Days 12. If LESS than 1 day, ...hrs. or ...min.

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): Lupus
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Green Clay

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

12. MAIDEN NAME OF MOTHER: Martha Musick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

14. INFORMANT: A C Bruce
(Address): Lupus Mo

15. FILED ...., 19...... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-24 1933

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1933, to 7-24, 1933
that I last saw her alive on 7-22, 1933 and that death occurred, on the date stated above, at 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture Gall Bladder & acute Peritonitis

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (SECONDARY): Hydatid Cyst of Gall Bladder (duration) yrs. unknown

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-1-33
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R L Mereditt, M. D.

7-24, 1933 (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: Mt Zion Cem
DATE OF BURIAL: 7-25 1933

20. UNDERTAKER: C Albert Hornbeck
ADDRESS: Prairie Home

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]

[illegible]

[illegible]