

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

Do not use this space.

21950

**1. PLACE OF DEATH**

County Lafayette  
Township Dover  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 460  
Primary Registration District No. 0623-12

File No. \_\_\_\_\_  
Registered No. 47  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Alexander 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>8</u>	<u>1</u>	

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

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

10. NAME OF FATHER Gas. Prop. Bruce

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

12. MAIDEN NAME OF MOTHER Jane Deatherage

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

14. INFORMANT Blarenee Wilson Bruce  
(Address) Woodbridge Mo.

15. June 29, 1931 \_\_\_\_\_  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/29/31

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Apoplexy - (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Heart stroke (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

WHY TEST CONFIRMED DIAGNOSIS? (Signed) Edmund Girard M. D.  
(Address) Concordia Mo.

\*State the DISEASE CAUSING DEATH, and deaths from violent CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. Colonel - Lafayette Co.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksburg Mo. DATE OF BURIAL June 30, 1931

20. UNDERTAKER Ernest Keight ADDRESS Lexington

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 26 1931

