

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra

Registration District No. 5-48
Primary Registration District No. 4373

File No. 27810^a
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mazine Ruckner

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant.
(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) Palmyra, Mo.

PARENTS

10. NAME OF FATHER Joe Ruckner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

12. MAIDEN NAME OF MOTHER Kate Julius

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

14. INFORMANT Joe Ruckner
(Address) Palmyra, Mo.

15. FILED 10/1, 1927 Seamus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30th 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 30th 1927, to Sept 30th 1927, that I last saw him alive on Sept 30th 1927, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108 1010
(duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

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? Clinical
(Signed) C. H. Mauldin, M.D.
40-1, 1927 (Address) Palmyra 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 City Cemetery DATE OF BURIAL 9/30/27⁹

20. UNDERTAKER Lewis Reed ADDRESS Palmyra, 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.

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