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

Do not use this space.

679

1. PLACE OF DEATH

County: Clay — Registration District No.: 198 — File No.:

Township: Fishing River — Primary Registration District No.: 3011 — Registered No.: 21

City: Excelsior Springs (No. ..... , ... St. ..... Ward)

2. FULL NAME Ruth Dudley

(a) Residence, No. 218 E Excelsior Springs St., ... Ward. Clearwater, Neb.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Athel H. Dudley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 16 - 1893

7. AGE: YEARS 38 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home 92F
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 93C
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: NB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belden Nebraska

FATHER

13. NAME: Chris Larsen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER

15. MAIDEN NAME: Anna Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): A. H. Dudley, Clearwater Neb

18. BURIAL, CREMATION, OR REMOVAL PLACE: Clearwater Neb. DATE: 1-27-1933

19. UNDERTAKER (ADDRESS): Herbert Hope, Excelsior Springs, Mo.

20. FILED: Jan 27, 1933 — Y. A. Crowen, Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932, to Jany 26, 1933

I last saw her alive on Jany 25, 1933. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis, Mitral Regurgitation + Dilatation + Articular Rheumatism	1925

Other contributory causes of importance:

Cholecystitis + Influenza — 92N

Name of operation: Date of

What test confirmed diagnosis? Clinical & Hist. 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? No.

If so, specify

(Signed) W. J. James, M. D.

(Address) Excelsior Springs, 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.

24 1933