WHITE 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.

APR 21 1933

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

Do not use this space.

8612

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 334

City St. Joseph (No. 1926 So. 9th, St. St. Ward)

11 5 9

2. FULL NAME Mary Ruth Fuqua

(a) Residence, No. 1611 So. 8th, St. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1926

7. AGE: YEARS 6, MONTHS 2 DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER

13. NAME John Fuqua
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyanoka Okla.

MOTHER

15. MAIDEN NAME Etta Fager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Horton Kansas

17. INFORMANT (ADDRESS) John Fuqua 1611 So. 8th, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE March 27, 1933

19. UNDERTAKER (ADDRESS) Fred D Clark 5025 King Hill Ave.

MAR 27 1933

20. FILED ....19.... John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on March 25, 1933, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 A.m.

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

Fractured Skull — Date of onset

210G 210

210H

Other contributory causes of importance:

Truck load of coal backing out alley ran over her

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/25, 1933

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place. H

Manner of injury Ran over truck

Nature of injury Head crushed

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Forrest Thomas Coroner, ~~M. D.~~

(Address) 801½ Felix