

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.

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

Do not use this space.

36275

NOV 13 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Raw Primary Registration District No. 1002 Registered No. 4780
City A. C. Wood (No. St. Marys Hospital) St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 348 so. Hardisty, 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.

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 Gleason Ruby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-17-1889
7. AGE YEARS 44 MONTHS 11 DAYS 12 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
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homework
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) mo

MOTHER 13. NAME Samuel Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Rebecca Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Mr. Gleason Ruby (ADDRESS) 348 so. Hardisty

18. BURIAL, CREMATION, OR REMOVAL PLACE Diagonal DATE Oct 30 1934

19. UNDERTAKER Miss E. L. Goutier (ADDRESS) 1918 Broadway

20. FILED 10/30, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1934

22. I HEREBY CERTIFY that I attended deceased from _____ 19____, 19____
I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Contused wound of the head
Infarct of the brain
Chloroform of the brain

Other contributory causes of importance:

1861
12/13 10/15/34

Name of operation Autopsy Date of _____
What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury _____
Where did injury occur 348 so. Hardisty
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall from stairs
Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

