

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

Do not use this space.

FEB 25 1935

1071

1. PLACE OF DEATH

County Howard
Township _____
City Glasgow (No. _____)

Registration District No. 379
Primary Registration District No. 4223

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Delia Ruscher

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, MARRIED TO (OR NAME OF) <u>Wife of Will Ruscher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 31, 1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spencer Illinois</u>	
	13. NAME <u>Phillip Hoggatt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Delia Parker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
	17. INFORMANT <u>Maudie Sherwood</u> (ADDRESS) <u>Glasgow, Missouri</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington at Glasgow Jan 11 1935</u>	
	19. UNDERTAKER <u>A. M. Harvat</u> (ADDRESS) <u>Glasgow, Mo</u>	
	20. FILED <u>1-12 1935</u> <u>J. E. Gardner</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1935, to 1-7, 1935.
I last saw her alive on 1-7, 1935. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 1-3

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? Yes.
If so, specify _____
(Signed) W. B. Kitchener, M. D.
(Address) Glasgow, 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.

