

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

Do not use this space.

APR 2 1935

7941

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Kirkville Primary Registration District No. 3001
City Kirkville (No. 4) St. 42 Ward) 42

File No. _____
Registered No. 45

2. FULL NAME

Nettle Grace Ruth R. H.
(a) Residence, No. 1109 S. High St. 42 Ward. (If nonresident, give city or town and State)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Hugo J. Ruth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 1895</u>		
7. AGE	YEARS	MONTHS
<u>39</u>	<u>2</u>	<u>23</u>
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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotts Co Mo</u>		
13. NAME <u>Wm W. Arnold</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotts Co Mo</u>		
15. MAIDEN NAME <u>Amy Tucker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotts Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Amy Arnold Memphis Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McAdow</u> DATE <u>Mar 17 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Gerth & Basket Memphis Mo</u>		
20. FILED <u>Mar 15 1935</u> <u>Spencer Freeman</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 15, 1935
I last saw h. or alive on March 15, 1935 Death is said to have occurred on the date stated above, at 9:50a m.
The principal cause of death and related causes of importance were as follows:
Tubercular peritonitis Date of onset Nov. 1934

Other contributory causes of importance:
25

Name of operation None Date of _____
What test confirmed diagnosis? Clinical only Was there an autopsy? No

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) Spencer L. Freeman, M. D.
(Address) Kirkville, 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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MOON

THE STATE OF TEXAS, COUNTY OF DALLAS, ss. I, the undersigned, a Notary Public in and for the State of Texas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Dallas, State of Texas, in and to which said original is duly recorded.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of my office, at Dallas, Texas, this _____ day of _____, 19____.

Notary Public in and for the State of Texas