

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

Do not use this space.

SEP 2 9 1935

27032

1. PLACE OF DEATH

County *Moniteau*
Township *Millersfork*
City *Dipton* (No. _____)

Registration District No. *573-*
Primary Registration District No. *4339*

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *76* yrs. *8* mos. *29* 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 27-1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 *8* *27*

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.

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) *Dipton Mo.*

13. NAME *John Spatz*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT (ADDRESS) *Mary Rueb Dipton Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic Cemetery* DATE *Aug. 26* 19*35*

19. UNDERTAKER (ADDRESS) *Louis G. Smithoff Dipton Mo.*

20. FILED *8-25* 19*35* *Mrs. Sarah Toye* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-24* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *8-17* 19*35*, to *8-24* 19*35*

I last saw her alive on *8-20* 19*35*. Death is said to have occurred on the date stated above, at *9:25 A.M.*

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

Uremia Date of onset _____

Other contributory causes of importance: *Chronic Industrial Nephritis*

Name of operation _____ Date of _____

What test confirmed diagnosis? *none* 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*35*

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) *J. B. Norman*, M. D.

(Address) *Dipton 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.

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