

NOV 23 1935

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

Do not use this space.

30033

1. PLACE OF DEATH

County Linn
Township Grantsville
City (No.)

Registration District No. 504
Primary Registration District No. 5067

File No.
Registered No. 9 St. Ward

2. FULL NAME Ruth Parker

(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 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
96 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Muskingum Co. Ohio.

13. NAME George Neiswanger

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXXX Unknown.

17. INFORMANT (ADDRESS) Walter Patterson Purdin, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE U. B. Cemetery DATE 9/18/1935

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.

20. FILED 11-9- 1935 U. E. Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep't 16 1935

I HEREBY CERTIFY That I attended deceased from 9:35 to Sept 16, 1935
I last saw her alive on Sept 14, 1935. Death is said to have occurred on the date stated above, at 9 p.m.

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

Uræmic Coma Date of onset

Other contributory causes of importance:
Chronic Interstitial Nephritis

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?
If so, specify _____

(Signed) M. L. Hawley, M. D.
(Address) Boonville Mo

WRITE 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.

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