JAN 3 1935

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

Do not use this space.

38596

File No.
Registered No.

1. PLACE OF DEATH

County: Buchanan
Township: Rush
City: ~~Near Rushville~~ (No. , St. Ward)

Registration District No.: 84
Primary Registration District No.: 5123

2. FULL NAME Ruthe Allice Church

(a) Residence, No. Rushville Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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~~ ~~WIFE OF~~ Earl E. Church

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1911

7. AGE: Years 24 | Months 0 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Denver Mo

FATHER

13. NAME Elmer Wiley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Mo

MOTHER

15. MAIDEN NAME Rachel Murray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Mo

17. INFORMANT (ADDRESS) Mrs Rachel Wiley Huron Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sugar creek DATE Dec 28 1935

19. UNDERTAKER (ADDRESS) William Stanton Rushville Mo

20. FILED 12-28 - 1935 L. N. Klingen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1935

22. I HEREBY CERTIFY, That I ~~attended~~ viewed ~~the~~ deceased from Dec 24, 1935, to , 19 . I last saw h 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:

	Date of onset
Fractured Skull (Accident)	

Other contributory causes of importance: automobile struck by train

Name of operation none Date of
What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/24, 1935
Where did injury occur? Buchanan Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by train
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Forest Thomas Conner, M. D.
(Address) 731 Faraon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in proper terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.