

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County SchuylerRegistration District No. 802

Township

Primary Registration District No. 445City Dawnning (No. _____) St. _____ Ward _____File No. 13743

Registered No. _____

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 yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFA. J. Ruddell

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

Feb 26 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

3010

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

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)

Sixtland Co mo

13. NAME

J. O. Morgan

FATHER

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

Schuyler Co mo

15. MAIDEN NAME

Cecil Smiley

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

Schuyler Co mo

17. INFORMANT (ADDRESS)

J. O. Morgan
Dawnning mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dawnning mo DATE March 28 1937

19. UNDERTAKER (ADDRESS)

Lugh Moore
Dawnning mo.

20. FILED

Mar 27 1937

19. 37

J. J. Smiley

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 193722. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 26, 1937I last saw him alive on March 26, 1937. Death is said to have occurred on the date stated above, at 12:52 p.m.

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

Hodgkins Disease

Date of onset

Other contributory causes of importance:

She had disease since 1931 and has been in all hospitals

Name of operation _____ Date of _____

What test confirmed diagnosis? t Was there an autopsy? t

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? t Date of injury t, 1937Where did injury occur? L (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 None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. E. Gerwig, M. D.(Address) Dawnning 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.

