JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Mercer — Registration District No. 556 — File No. 20682
Township Ravanna — Primary Registration District No. 5751 — Registered No. 34
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ruby Mae Shaffer
(a) Residence. No. Ravanna 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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Dan L Shaffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10, 1907

7. AGE: 235 — YEARS 29 — MONTHS 8 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Emery Hickman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Nancy Ann Early
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Mo

14. INFORMANT Dan L Shaffer
(Address) Ravanna Mo

15. FILED 5/16, 1937 J M Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1937

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1937, to May 15, 1937, that I last saw her alive on May 15, 1937, and that death occurred, on the date stated above, at 3:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcus Infection of Throat and Soft palate.
..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) 11 SA
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 3
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Dr. B. S. Artell Do. Assistant
May 1, 19 (Address) Princeton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Early Cemetery (Mercer Mo
DATE OF BURIAL: May 16 1937
20. UNDERTAKER: O. O. Greenlee
ADDRESS: Lineville Ia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.