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.

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

Do not use this space.

32950

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1. PLACE OF DEATH — DEC'D OCT 13 1939

County: Warren — Registration District No.: 547 — File No.:

Township: Warren — Primary Registration District No.: 3029 — Registered No.: 279

City: Hannibal, Mo. — (No. ~~St. Elizabeth Hospital~~ Levering Hospital St. Ward)

2. FULL NAME: Mrs Ruth Myer White

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Gerald White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 20, 1913

7. AGE: YEARS 25 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Meadow Ill.

FATHER
13. NAME: Mr. Ernest H. Myer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tioga Ill.

MOTHER
15. MAIDEN NAME: Mrs Ethel Washburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ursa Ill.

17. INFORMANT (ADDRESS): Mrs Ethel Myer Durham, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ursa, Ill. DATE: Sept. 27, 1939

19. UNDERTAKER (ADDRESS): B. M. Allen Philadelphia, Mo.

20. FILED: Sept. 27, 1939 W. S. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1939 to Sept 26, 1939
I last saw her alive on Sept 26, 1939 Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

Septicemia
Peritonitis

Date of onset: 14 5 W

Other contributory causes of importance:
Retained dead foetus "6 mos"

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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) John J Reckmann, M. D.
(Address) 100 1 Bldg Hannibal Mo