

NOV 18 1935

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

Do not use this space.

28035

## 1. PLACE OF DEATH

County BarryRegistration District No. 38Township RockyPrimary Registration District No. 5055City Engle Rock (No. ....)

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Engle Rock, Mo. St. .... Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Skelton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 18497. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
86 4 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) near Engle Rock, Mo.13. NAME Milo Ruckel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engle Rock, Mo.15. MAIDEN NAME Mary Haddock16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engle Rock, Mo.17. INFORMANT (ADDRESS) Calvin Skelton18. BURIAL, CREMATION, OR REMOVAL PLACE Funery DATE Sept 6<sup>th</sup> 193519. UNDERTAKER (ADDRESS) Funery - Cedar20. FILED 14 1935 Emma Widmington Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5<sup>th</sup> 193522. I HEREBY CERTIFY, That I attended deceased from Feb 18<sup>th</sup> 1935 to Sept 5<sup>th</sup> 1935I last saw him alive on Sept 5<sup>th</sup> 1935. Death is saidto have occurred on the date stated above, at 5 P. m.

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

Chronic Glomerular nephritis unk.Other contributory causes of importance 131 Aug 25<sup>th</sup>Name of operation unk. Date of unk.What test confirmed diagnosis? unk. Was there an autopsy? unk.

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

Accident, suicide, or homicide? unk. Date of injury unk. 19unk.Where did injury occur? unk. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury unk.Nature of injury unk.24. Was disease or injury in any way related to occupation of deceased? noIf so, specify unk.(Signed) W. R. Ruckel, M. D.(Address) Engle Rock, 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.

