

AUG 20 1937

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

Do not use this space.

27010

69

1. PLACE OF DEATH  
 24 County Osage Registration District No. 20/3012  
 5 Township Liberty Primary Registration District No. 5280  
 4 City Liberty (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George W. Ruff  
 (a) Residence, No. Choctaw S. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Ruff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1860

7. AGE YEARS 77 MONTHS 1 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) 1 day 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

13. NAME Ben Ruff

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

15. MAIDEN NAME Kathy Bongherly

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

17. INFORMANT (ADDRESS) Alice Ruff Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 7/31-37

19. UNDERTAKER (ADDRESS) Church - Archer Co Liberty Mo

20. FILED 7/31 1937 E T Bran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1937

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and remote causes of importance were as follows:  
suicide - by shooting self with revolver in head Date of onset \_\_\_\_\_

Other contributory causes of importance: Poor health 167

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? + Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 7-29, 1937  
 Where did injury occur? at his home Liberty Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury by shooting self  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) M. L. Nyong Corrows, M. D.  
 (Address) Liberty, Clay County 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.

