

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

PLACE OF DEATH

County Reynolds
 Township Melch.
 or
 Village 2nd Gads Hill
 or
 City _____ (NO. _____ St. _____ Ward _____)

1108
 748
 5983

Registration District No. 748 File No. 9 42455
 Primary Registration District No. 1108 Registered No. 9

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Leonard Earl Ruckle

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Boy</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Sept 20, 1910</u> (Month) (Day) (Year)		
AGE <u>1 yrs. 2 mos. 9 ds.</u>		IF LESS than 1 day, <u>X</u> hrs. or <u>X</u> min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Gads Hill Mo.</u>		
PARENTS	NAME OF FATHER <u>James F. Ruckle</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Gads Hill Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Ola Mark</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Gads Hill Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Nov 29, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 29, 1911, to Nov 29, 1911, that I last saw him alive on Nov 29, 1911, and that death occurred, on the date stated above, at 11.30 A.M.
 The CAUSE OF DEATH* was as follows:

accident clothing caught fire in a burning. Ruckle inhaled the flames. Clothing removed off the body.
 (Duration) 3 hrs. mos. ds.

Contributory (SECONDARY)
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. H. Moffitt M. D.
Nov 29, 1911 (Address) Bedford Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 1911 _____

UNDERTAKER _____ ADDRESS _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James F. Ruckle

(ADDRESS) Gads Hill Mo.

Filed Nov 29, 1911 Dr. J. H. Moffitt
W.P.S. G.A. Davis Reg. REGISTRAR

W. H. Skaggs Gads Hill

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*; etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
 County Reynolds
 Township Webb
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1108 File No. _____
 Primary Registration District No. 5083 Registered No. 9
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Lenord Earl Ruble

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Boy</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>	DATE OF DEATH <u>Nov. 29</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 20</u> , 191 <u>0</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov. 29</u> , 191 <u>1</u> , to <u>Nov. 29</u> , 191 <u>1</u> , that I last saw him alive on <u>Nov. 29</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>11:30 a.m.</u>	
AGE <u>1</u> yrs. <u>2</u> mos. <u>9</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.	The CAUSE OF DEATH* was as follows: <u>Accident clothing fire in a burning building & he inhaled the flames clothing burned 1/2 (Duration) 3 hours mos. ds.</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>At Home</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>			(Signed) <u>J. H. Moffitt</u> M. D. <u>Nov. 29</u> , 191 <u>1</u> (Address) <u>Redford Mo.</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Gads Hill Mo.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>James F. Ruble</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Gads Hill Mo.</u>		Where was disease contracted if not at place of death? _____	
	MAIDEN NAME OF MOTHER <u>Ma Mark</u>		Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Gads Hill Mo.</u>		PLACE OF BURIAL OR REMOVAL <u>Maui Cemetery</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Jas. F. Ruble</u> (ADDRESS) <u>Gads Hill Mo.</u>			DATE OF BURIAL <u>Dec. 30</u> , 191 <u>1</u>	
Filed <u>Dec. 8</u> , 191 <u>1</u> <u>E. A. Gandy</u> REGISTRAR			UNDERTAKER <u>H. H. Skogge</u>	
Original file, date <u>Dec 8</u> , 19 <u>11</u>			ADDRESS <u>Gads Hill</u>	

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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42455
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