

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

3266

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

File No.

Township

Primary Registration District No. 1001

Registered No. 187

City St. Joseph

(No. Byrd's Sanitarium)

St.

Ward)

2. FULL NAME William W. Rucker

(a) Residence. No.

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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

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

Jan 27 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

62 0 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Samuel Rucker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ills

12. MAIDEN NAME OF MOTHER

Ruth Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ills

14.

INFORMANT

(Address)

Robert L Rucker
St Joseph Mo

15.

FILED

1921

19

George M. Boteler, M.D.
528 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 19 1921

17.

I HEREBY CERTIFY, That I attended deceased from

1921, to

2/19

1921

that I last saw him alive on 2/19, 1921, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Peritonitis

MIC #11 126

(duration)

yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY)

Gastritis

(duration)

yrs. mos. 1 1/2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. E. Byrd

M. D.

7/9 1921 (Address) Karches Road

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Darlington Mo

Feb 20 1921

20. UNDERTAKER

ADDRESS

E. R. Sidupachin 416 North 10th St.

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.

