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

Do not use this space.

15240

File No. 2103
Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kan — Primary Registration District No.: 1002
City: K. C. Mo. (No. 710 E. Linwood St. Ward)

2. FULL NAME Ruth Lucella Eldridge

(a) Residence. No. 710 E. Linwood 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: Wm. B.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-14-1893

7. AGE: Years 33 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nurse
(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): Mo.

PARENTS

10. NAME OF FATHER: Chas. Musick
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Clara Lynch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ohio

14. INFORMANT: W. B. Eldridge
(Address): 710 E. Linwood

15. FILED: 5/23, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May-21, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1927, to May 21, 1927, that I last saw h... alive on May 21, 1927, and that death occurred, on the date stated above, at 4:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the Lungs.
3 R 31
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
0
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) 308 Werthmon Bldg., M. D.
5/22, 1927 (Address) W. E. Lewis

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park — DATE OF BURIAL: May 23, 1927

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4335 Harrison
W.P. 6866
308 Wirthman
at 7-30

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