JUL 25 1927

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

Do not use this space.

17595

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 17595

Township — Primary Registration District No. 1001 — Registered No. 633

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Martha A Ruble

(a) Residence. No. St., Ward. Watson, Missouri.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jackson Ruble

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 17. 1863.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
63	7	1	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Isaac Morrisson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio.

12. MAIDEN NAME OF MOTHER: Eliza Jane Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio.

14. INFORMANT: Booker Morrisson
(Address): Watson, MO.

15. FILED JUN 20 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June. 18. 1927.

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to June 18, 1927 that I last saw her alive on June 18, 19..., and that death occurred, on the date stated above, at 10/40. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of rectum

45 (duration) yrs. several mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Watson Mo

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF June 4 + June 17

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pathological Diagnosis & Clinical Symptoms

(Signed) ..., M. D

June. 19 1927. (Address) Carl Potter (M.D)

*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: Watson, Missouri.

DATE OF BURIAL: June. 20 1927

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union Str

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.