

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

Do not use this space.

8432

1. PLACE OF DEATH

County Dunklin
Township Cottonhill
City

Registration District No. 289
Primary Registration District No. 5407

File No.
Registered No. 31
St. Ward

2. FULL NAME

(a) Residence No. St. Ward
(Usual place of abode)

Ruthie Jane Oglesby

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Oglesby

17. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1928, to March 11, 1928, that I last saw him alive on March 10, 1928, and that death occurred, on the date stated above, at 10:40 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9-1866

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 61 10 2

Herangpilia
EPD

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) 15A
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Ill.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Henry Irby

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Catherine Davis

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. A. Shivers, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

3-12-1928 (Address) Malden Mo.

14. INFORMANT (Address) J. S. Oglesby
Malden Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Malden Mo 3-12 1928

15. FILED 3/12 1928 S. D. Mitchell REGISTRAR

28. UNDERTAKER ADDRESS
H. L. Craig Malden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state amount of blood EXACTLY.

