

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

Do not use this space.

9916-1 9916-1

**1. PLACE OF DEATH**

County New Madrid  
Township Portage  
City Portageville (No. ....)

Registration District No. 607  
Primary Registration District No. 3467

File No. 5  
Registered No. 2  
St. .... Ward)

**2. FULL NAME**

William F. Ruddle

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

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. (If nonresident give city or town and State)

**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 Carie Ruddle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
27 8 12

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Labourer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Public

9. BIRTHPLACE (CITY OR TOWN) Wayward (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Lewis A. Ruddle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennington Co Mo

12. MAIDEN NAME OF MOTHER Annie McEntin

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

14. INFORMANT W. F. Ruddle (Address) Portageville Mo

15. FILED 4/29/1927 D. O. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1927, to Mar 25, 1928 that I last saw h. .... alive on Mar 25, 1928, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Absence of Lung

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

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? General symptoms  
(Signed) J. W. Bess, M. D.  
, 19 (Address) Portageville Mo

\*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 Portageville Cemetery DATE OF BURIAL 3/29 1928

20. UNDERTAKER R. M. Payne ADDRESS Portageville Mo

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

