

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

Do not use this space.

16209

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.

1. PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph, (No. 2415 St. Joe Ave. File No.
 St. (Ward) Registered No. 599

2. FULL NAME Ruby Mathes
 (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. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 8, 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 1 1 1
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None.
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Thornton, Ill (STATE OR COUNTRY)
 10. NAME OF FATHER Fred Mathes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph, Mo. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Lucy Duensing
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chicago, Ill. (STATE OR COUNTRY)

14. INFORMANT Fred Mathes
 (Address) 2415 St. Joe Ave.
 15. FILED 10 1928
 John G. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 9, 1928 19
 17. I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to May 9, 1928, that I last saw her alive on May 9, 1928, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branchial Pneumonia
 10 / 11 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ...
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms of A. A. Long, M. D.
 (Signed) 7/10/1928 (Address) 1424 St. Joe Ave.

*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 Ashland Cemetery DATE OF BURIAL May, 10, 1928

20. UNDERTAKER Walter Meichoffer ADDRESS 1302 Faraon St.

