178

UG 22 1928

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

Do not use this space.

23340

1. PLACE OF DEATH

County: Cole — Registration District No.: 215 — File No.:

Township: — Primary Registration District No.: 3014 — Registered No.: 138

City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Henry John Ruffner

(a) Residence. No. ✓ St., ✓ Ward. (If nonresident give city or town and State)
(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.

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: Anna Ruffner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 19 - 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or ✓ min.
37	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rural mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: Postal Department

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bay Mo

PARENTS

10. NAME OF FATHER: Jacob Ruffner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bay Mo
12. MAIDEN NAME OF MOTHER: Christina Sundenwirth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bay Mo

14. INFORMANT: Mrs Anna Ruffner
(Address): Swiss Mo

15. FILED: 7-21 1928 S V Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15 1928 to July 22 1928 that I last saw him alive on July 22 1928 and that death occurred, on the date stated above, at 1:P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tetanus
22
(duration) ..... yrs. ..... mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) S V Bedford, M. D
, 19 (Address) J C 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: Swiss Cr. Cemetery — DATE OF BURIAL: 7/24 1928

20. UNDERTAKER: Herman Blumer — ADDRESS: Hermann Mo

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.