AUG 23 1928

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 23532
Township — Primary Registration District No. 2001 — Registered No. 507
City Springfield (No. 1029 S. New St. Ward)

2. FULL NAME Will R. Ruyle
(a) Residence. No. 1029 S New 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: m
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May Ruyle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25-1892

7. AGE: Years 35 — Months 6 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Polk Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Wm A. Ruyle
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tex.
12. MAIDEN NAME OF MOTHER Minnie Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT May Ruyle
(Address) Springfield Mo

15. FILED 7-11 1928 O. C. Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-9 1928

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1928, to July 9, 1928, that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 1:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Nephritis - Interstitial
93 Myocarditis - Infectious - Toxic
(duration) 5 yrs. mos. ds.

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? Clinical Laboratory
(Signed) F. Bleeming, M. D
July 11, 1928 (Address) 413 Holland Bldg.

*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: Green Lawn Cemetery — DATE OF BURIAL: 7-12 1928

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: 534 St Louis

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.

WHEN, WITH UNFADING INK—THIS IS A PERMANENT RECORD