SEP 28 1928

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.

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

Do not use this space.

File No. 27615
Registered No. 336

1. PLACE OF DEATH
County: Jasper — Registration District No. 411
Township: — Primary Registration District No. 2002
City: Joplin (No. 8 W. Ky Ave. St. Ward)

2. FULL NAME: Ruby Violet Hershey
(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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Isaac Hershey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 20 1903

7. AGE: Years 24 Last X; Months 7; Days 13; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 179L
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Chas Francis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Louis Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Rose Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kansas Kas.
(STATE OR COUNTRY)

14. INFORMANT: Mrs Dora Green
(Address) Joplin Mo

15. FILED 8/4 1928 Dr A B Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/2 1928

17. I HEREBY CERTIFY, That I attended deceased from July 28 1928, to Aug 2nd 1928 and I last saw ~~it~~ alive on Aug 2nd 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hr Chloride Poisoning resulting from vaginal douches (duration) 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 X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A B Clark, M. D.
8/4 1928 (Address) Joplin 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: Forest Park
DATE OF BURIAL: 8/4 1928

20. UNDERTAKER: Burchett Wood Co
ADDRESS: Joplin Mo