

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

Do not use this space.

30987

1. PLACE OF DEATH:

County Jean
Towship Jean
City Canton (No.)

Registration District No. 477
Primary Registration District No. 4286

File No.
Registered No. 47
Sl. Ward

2. FULL NAME Ruth Ellen Ringo

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

Length of residence in city or town where death occurred yrs. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	10	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired - Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) 105th 16th
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Florida
(STATE OR COUNTRY) Florida

10. NAME OF FATHER Charles W. Summers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emily (?)

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

14. INFORMANT Ruth Ringo
(Address) Canton, Mo.

15. FILED 9-29-28 H. W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to Sept. 29, 1928 that I last saw her alive on Sept. 28, 1928, and that death occurred, on the date stated above, at 7:26 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis and a General Debilitation - Arteriosclerosis
(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 99B
(duration) yrs. mos. da.

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.....
(Signed) H. W. Harris, M. D.
, 19 .. (Address) Canton 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 Fairview Mo. DATE OF BURIAL Oct. 1, 1928

20. UNDERTAKER Emil H. Buehler ADDRESS Canton 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.

30 1928

