JAN 23 1929

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

40467

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 446
City Mt. Washington (No. 803 Overton, Mt. Wash. St. Ward)

2. FULL NAME Joan R. Rule
(a) Residence. No. 803 Overton 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 F
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 Henry Wm. Rule
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1852
7. AGE Years 76 Months 5 Days 22 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Athens
(STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER Noble Ruggles
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Morgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

14. INFORMANT Henry Wm. Rule
(Address) 803 Overton

15. FILED 12-21, 1928 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928, to Dec. 19, 1928, that I last saw her alive on Dec. 19, 1928, and that death occurred, on the date stated above, at 8:11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auricular Fibrillation - chronic myocarditis
93C
107A
95A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronco Pneumonia
(duration) yrs. mos. 2 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? Physical findings
(Signed) R. F. Huckett, M.D.
12-20, 1928 (Address) Med. Arts' Bldg. Indep. 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 Mt. Washington
DATE OF BURIAL Dec 21 1928
20. UNDERTAKER J. W. Newcomer's Sons
ADDRESS K. C. 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.