

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 25 1929

Lord Bolling

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

Do not use this space.

7517

1. PLACE OF DEATH

County Jettis
Township
City Edalia

Registration District No. 66T
Primary Registration District No. 3532

File No.
Registered No. 57
St. _____ Ward)

2. FULL NAME

Ruby Fern Hansum

(a) Residence. No. 606 So. Osage St., 4 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20-1893

7. AGE YEARS MONTHS DAYS II LESS than I day, _____ hrs. or _____ min.
35 1 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bluffton
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER S. Plunkert

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

12. MAIDEN NAME OF MOTHER Ruth E. Van Busker

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

14. INFORMANT R. J. Hansum
(Address) Edalia Mo

15. FILED 2-13-1929 g. L. Lov REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from road 1st, 1927, to Feb 11, 1929 that I last saw her... alive on Feb 10th, 1929, and that death occurred, on the date stated above, at 4-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Causes of sigmoid flexure of colon
46c

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 40 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

1 DID AN OPERATION PRECEDE DEATH... yes DATE OF Nov 2, 1927
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lord Bolling, M. D.

(Address) Edalia 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 Edalia Mo DATE OF BURIAL Feb 13 1929

20. UNDERTAKER McLaughlin Bros ADDRESS Edalia

25
5
2
2
2

