

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

Do not use this space.

15774

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farminington

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 65
St. Ward)

2. FULL NAME

Jane Ruble
Des Arc, Mo.

(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. 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 Lee Ruble

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 3 29

8. OCCUPATION OF DECEASED Housewife

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

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

10. NAME OF FATHER Micigah semonds

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

12. MAIDEN NAME OF MOTHER Nancy Thomason

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

14. INFORMANT Hospital Records
(Address) Farminington, Mo.

15. FILED 4-26-29 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1929, to Apr 24, 1929
that I last saw her alive on Apr 23, 1929, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Apoplexy
82A
74W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. F. Hoctor, M. D.

4-26-1929 (Address) Farminington 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 Des Arc Mo DATE OF BURIAL 4-26 1929

20. UNDERTAKER Resident Hud Co ADDRESS Jgton 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.

DEPARTMENT RECORD

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2
2
2

19 1929

