SEP 25 1929

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

Do not use this space.

28411

1. PLACE OF DEATH

County Monroe — Registration District No. 579 — File No.

Township Marion — Primary Registration District No. 5776 — Registered No.

City Madison (No. ..... St. ..... Ward)

2. FULL NAME Ruby Francis Ringwald

(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: A. J. Ringwald

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/8/1899

7. AGE: YEARS 29 — MONTHS 10 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Madison
(STATE OR COUNTRY): Monroe Co Mo

PARENTS

10. NAME OF FATHER: Victor Noel

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Monroe Co Mo

12. MAIDEN NAME OF MOTHER: Amanda Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Monroe Co-Mo

14. INFORMANT: Mrs. Jno C. Baker
(Address): Madison Mo

15. FILED 8/17, 1929 Fred A. Thompson, Registrar
W. W. Eubank

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 15 1929

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1929, to Aug 15, 1929 that I last saw her alive on Aug 15, 1929, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis (Streptococcic)
91%
(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY): [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ames Iowa

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual Clinical

(Signed) P. C. Davis, M. D

, 19 (Address) Moberly, 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: Sunset Hill — DATE OF BURIAL: 8/17 1929

20. UNDERTAKER: Fred A. Thompson — ADDRESS: Madison Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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