95

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

Do not use this space.

1. PLACE OF DEATH
County Ste. Genevieve — Registration District No. 934 — File No. 34877
Township Union — Primary Registration District No. 6026 — Registered No. 7
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Adam Joseph Ruehsam
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 1835

7. AGE: YEARS 93 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kurhessen
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER John Ruehsam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT August Hermann
(Address) Wenigarten Mo

15. FILED 10-7-1929 Wm A Kotte REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-5-1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 10-29, 19..., to Oct-5-1929, that I last saw him alive on Oct-5-1929 and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-sclerosis
97
1 Yr B
..... (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Enteritis
..... (duration) ..... yrs. ..... mos. 4 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? Clinical
(Signed) R. H. Lanning, M. D.
10/6, 1929 (Address) Ste. Genevieve, 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~~ Wenigarten Mo — DATE OF BURIAL 10/7 1929

20. UNDERTAKER John Basler Ste Genevieve Mo — ADDRESS

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.