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

Do not use this space.

41724

1. PLACE OF DEATH

County: Polk — Registration District No.: 701 — File No.: 41724

Township: — Primary Registration District No.: 4402 — Registered No.: 71

City: Bolivar (No. ..... St. ..... Ward)

2. FULL NAME Ruby Irene (Burton) Burleson

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Charles W. Burleson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
32		4	19	

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): Housekeeping
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Bolivar, Missouri

PARENTS

10. NAME OF FATHER: William E. Burton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mt. Vernon, Missouri
12. MAIDEN NAME OF MOTHER: Mollie Baxter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe, Missouri

14. INFORMANT: Charles W. Burleson
(Address): Bolivar

15. FILED Dec 5th 1929 J. F. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-12, 1928, to 12-4, 1929 that I last saw her alive on 12-4, 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease 95 B
With acute Cardiac 143 B
Decompensation
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pregnancy
(duration) yrs. 6 mos. ds. Gestation

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) G. D. Smith, M. D.
DEC 5, 1929 (Address) Bolivar 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	DATE OF BURIAL
Greenwood Cem	Dec 6th 1929

20. UNDERTAKER	ADDRESS
Leutcheson Blue	Bolivar Mo

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.

JAN 2 1930