

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

Do not use this space.

3764

1. PLACE OF DEATH

County Bullion
Township Penn
City Green City (No. _____)

Registration District No. 849
Primary Registration District No. 6114

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Ruth Jane Somell
(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

George Somell

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

June 24, 1841

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
88	6	12	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Linn Co. Missouri

10. NAME OF FATHER

Mathew N Kidd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Trenton Mo

12. MAIDEN NAME OF MOTHER

Mary - Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

14.

INFORMANT Mrs John Scott
(Address) Green City Mo

15.

FILED Feb 3, 1930 Missouri
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 5 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 3, 1929, to Jan. 5, 1930 that I last saw him alive on Jan. 1, 1930, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis of right side of body.
82 D

CONTRIBUTORY (SECONDARY)

750

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF

NO

19. WAS THERE AN AUTOPSY?

NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed): D. M. Riggins, M. D.

*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

Hawkeye Care Jan 6 1930

20. UNDERTAKER

ADDRESS

Glenn E. Stent Green City 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.

