

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

Do not use this space.

9346

1. PLACE OF DEATH

County Lawrence
Township Red Oak
City (No.)

Registration District No. 1064
Primary Registration District No. 5-6-31

File No.
Registered No. 3
St. Ward)

2. FULL NAME

(a) Residence. No. Mattie Ruff Ward.
(Usual place of abode) Bowers Mill

Length of residence in city or town where death occurred 50 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 19 - 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or mln.
	<u>82</u>	<u>9</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER W.H. Ruff

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

12. MAIDEN NAME OF MOTHER Ruth Brawley

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

14. INFORMANT Mrs. F.B. Tillman
(Address) Bowers Mill Mo

15. FILED 3-16, 1930 Mrs. J.P. Arthur
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1926, to Mar 3, 1930. that I last saw her alive on Mar 3, 1926 and that death occurred, on the date stated above, at 10:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY) Paralysis agitans
arterial sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) David Stone M. D.
, 19 (Address) Leathway, 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
<u>Tillman's Cemetery</u>	<u>3-11 1930</u>
20. UNDERTAKER	ADDRESS
<u>Wm. - White</u>	<u>Carthage</u>

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.

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

2/19 30 10a

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