

JUN 24 1930

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

Do not use this space.

15542/6

1. PLACE OF DEATH

Connty. Cape Girardeau Registration District No. 1157
Township Apple Creek Primary Registration District No. 5176
City (No.) St. Ward

File No.
Registered No. 1752
St. Ward

2. FULL NAME

Annie Ruck

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22nd 1930

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

17. I HEREBY CERTIFY, That I attended deceased from May 21 1930 to May 22 1930 that I last saw h. e. a. alive on May 21 1930 and that death occurred, on the date stated above, at 5:31 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28th 1866

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 24

General Paralysis
92A
82D
(duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Mitral Inefficiency
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Frank Heighway

8 DID AN OPERATION PRECEDE DEATH? DATE OF

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richle Cemetery

12. MAIDEN NAME OF MOTHER Caroline Brandel

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Edward Cites M. D.
, 19 (Address) Sedgeville Mo.

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

*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.

14. INFORMANT Jos. Ruck
(Address) W. Medley Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richle Cemetery DATE OF BURIAL May 24 1930

15. FILED 10-30 N. H. Kreis REGISTRAR

20. UNDERTAKER Zalman ADDRESS Perryville 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.

