AUG 20 1930

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

Do not use this space.

22177

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 125
Township: " " — Primary Registration District No. 3009
City: " " (No. St. Francis Hospital Ward)

File No.
Registered No. 453

2. FULL NAME: Ida Lydia Ruebel
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Reinhold Ruebel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 28 — 1892

7. AGE: Years 38 — Months 4 — Days 18 — If LESS than 1 day, hrs. or min.

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):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Whitewater
(STATE OR COUNTRY): Mo RFD

PARENTS
10. NAME OF FATHER: Jacob Fischer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Matterson
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Minnie Oberbeck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Whitewater
(STATE OR COUNTRY): Mo

14. INFORMANT: Reinhold Ruebel
(Address): Delta Mo

15. FILED 7/16 1930 W. C. Haempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 16 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to July 16, 1930 that I last saw her alive on July 15, 1930, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Abruptio Placenta
144 B
145 B (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Pregnancy — 7 mo (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Delta Mo
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. L. Smith, M. D.
, 19 (Address) Cape Girardeau

*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: Whitewater M. E. Church — DATE OF BURIAL: July 17 1930
20. UNDERTAKER: Lorberg F & U Co — ADDRESS: Cape Girardeau 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.