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

Do not use this space.

23441

File No. .....

Registered No. 4

AUG 26 1930

1. PLACE OF DEATH

County Lawrence — Registration District No. 10 b-4

Township Red Oak — Primary Registration District No. 5631

City ~~Route 8-Carthage~~ ..... St. ..... Ward)

2. FULL NAME Ruth Harriet Stockton

(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. 3 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 John Stockton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	3	19	

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) Lynn County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Johnas Shiflet

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

12. MAIDEN NAME OF MOTHER Nannie Pace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lynn Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT John Stockton
(Address) Route 8 - Carthage, Mo.

15. FILED 8-5, 1930 mrs. J. P. Arthur REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1930, to July 31, 1930 that I last saw her alive on July 27, 1930, and that death occurred, on the date stated above, at 2:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Pulmonary Tuberculosis

2.3A

..... (duration) 2 yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Iowa

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum exam X-ray

(Signed) H A La Force M. D.

Aug 1, 1930 (Address) Carthage

*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
Greenlawn Cemetery (Springfield, Mo.)	Aug. 3 1930
20. UNDERTAKER	**ADDRESS**
Kneel Mortuary	Carthage Missouri

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.