SEP 24 1930

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

Do not use this space.

26429 Dr. Fulton

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 639
City Springfield Mo (No. 719 N. Nettleton St. Ward)

2. FULL NAME John Ruff
(a) Residence. No. 719 N Nettleton 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: Male
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: Mary Ruff (Dec)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 1, 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	9	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rtd. (Railroad Employee)
(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): Switzerland

PARENTS
10. NAME OF FATHER: No data
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: Mary Lahmon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: Mrs. E. H. Deming
(Address) Springfield Mo

15. FILED: 8 25 1930 Lon Sharp, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 23 — 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1925, to Aug 22, 1930 that I last saw him alive on Aug 22, 1930, and that death occurred, on the date stated above, at 7:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
(duration) 5 yrs. or more mos. ds.
CONTRIBUTORY (SECONDARY): Old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) C. E. Fulton, M. D
Aug. 23, 1930 (Address) Springfield 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: Maple Park — DATE OF BURIAL: 8-25 1930

20. UNDERTAKER: Alma Lahmeyer, Funeral Home — ADDRESS: Springfield 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.