

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

Do not use this space.

26609 3207

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1  
City Kansas City (No. Mercy Hospital 02)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ruth Corum

(a) Residence No. 58<sup>th</sup> + Bennington St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
3 10 3

**8. OCCUPATION OF DECEASED**

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

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

**PARENTS**  
10. NAME OF FATHER J.C. Corum  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Smithfield Mo  
12. MAIDEN NAME OF MOTHER Mary Stuterville  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelbly Mo.

14. INFORMANT Samie C. Corum  
(Address) 58 + Bennington K.C. Mo

15. FILED 8/4 1930 M. M. Crowl REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-3-30 19... to 8-3-30 19... that I last saw her alive on 8-3-30 19... and that death occurred, on the date stated above, at 7 am m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchopneumonia  
107A  
99A  
..... (duration) ..... yrs. .... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Measles, secondary to pneumonia (duration) ..... yrs. .... mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Home  
DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? lab clinical + autopsy  
(Signed) S. Pakula M.D., M. D.

8-3, 1930 (Address) Mercy Hospital

\*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 Brookins Cem. DATE OF BURIAL Aug 5 1930

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

