

OCT 29 1930

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

Do not use this space.

29783

1. PLACE OF DEATH

County Jackson
Township Port Osage
City Buckner

Registration District No. 396
Primary Registration District No. 5532

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Ruby Alberta Vineyard

(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 1 yrs. 1 mos. 1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 9, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 1 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Buckner
(STATE OR COUNTRY) Jackson County, Missouri

PARENTS

10. NAME OF FATHER Peter Vineyard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grundy County
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ethel Carson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blue Springs
(STATE OR COUNTRY) Missouri

14. INFORMANT Peter Vineyard
(Address) Buckner Mo

15. FILED 10-10, 1930 N. A. Rammer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1930,
1930 that I last saw her alive on Sept. 10 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum
119A
1130 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (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? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) N. A. Rammer, M. D.

10-10, 1930 (Address) Buckner 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 Buckner Cemetery DATE OF BURIAL Sept. 11, 1930

20. UNDERTAKER Vernon M. Reppert ADDRESS Buckner

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.

