

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.

DEC 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 86
Primary Registration District No. 5127
(No. Lake Contrary)

File No. 35465
Registered No. 90
St. _____ Ward _____

2. FULL NAME Ruth LaFay George

(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 17 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 M. L. George

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 23 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
17 11 5

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) St. Joseph
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jesse Wheeler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lola Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Mo.

14. INFORMANT M. L. George
(Address) Route 7, St. Joseph, Mo.

15. FILED Nov 29, 1930 J. J. Dunshee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1930, to Nov 28, 1930 that I last saw her alive on Nov 28, 1930, and that death occurred, on the date stated above, at 1:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism
1798
148 (duration) 2 or 3 hrs yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Childbirth and prepregnant state
Emmenstrual stasis
(duration) _____ yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IND AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. A. Robertson, M. D.

Nov. 29, 1930 (Address) St. Joseph, 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 Bethel Cemetery DATE OF BURIAL Nov. 30, 1930

20. UNDERTAKER Fred W. Clark 5020 King Hill ADDRESS _____

