

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

Do not use this space.

40287

PLACE OF DEATH

County Linn Registration District No. 651
 Township Little Prairie Primary Registration District No. 5862
 City..... (No....., St..... Ward.....)

File No.....
 Registered No. 151

2. FULL NAME

Ruffus James
 (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. 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 Cal
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary James
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7, 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 8 0
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) North Carolina

10. NAME OF FATHER Not known
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
 12. MAIDEN NAME OF MOTHER Not known
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Mary Jones
 (Address) Cassville 5.1. Box 282 Marion, Ark.

15. FILED Dec 9 1930 Aida Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1930
 17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Gunshot wound (Suicide) at the head of Fletcher Hymon
 CONTRIBUTORY (SECONDARY) Homicide 193
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) James B. Vickrey M. D.
Dec 8 1930 Burgess & Co. M.D.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (Suicide)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marion, Ark. DATE OF BURIAL Dec. 10 1930

20. UNDERTAKER W. M. Hardrick ADDRESS Cassville, Mo.

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.

JAN 21 1931

