

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

Do not use this space.

487

1. PLACE OF DEATH

County *Carroll*
Township *Northwood*
City *Northwood* (No. _____) St. _____ Ward _____

Registration District No. *138*
Primary Registration District No. *4078*

File No. _____
Registered No. *2*

2. FULL NAME

Mrs Ruth Steele
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *2* 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*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 11 1931*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
27 11
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) (STATE OR COUNTRY) *Carroll Co Mo*
10. NAME OF FATHER *E. S. Cox*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ray Co Mo*
12. MAIDEN NAME OF MOTHER *Emily Russell*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Northwood Mo*

14. INFORMANT *E. S. Cox*
(Address) *Northwood, Mo.*

15. *Jan 9 1931* *E. H. Mussourid*
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 7th 1931*
17. I HEREBY CERTIFY, That I attended deceased from *DEC. 31 1930* to *Jan. 7th 1931*, that I last saw him alive on *Jan 7th 1931*, and that death occurred, on the date stated above, at *5:30 P. M.*

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo Carditis
With resultant valvular lesions
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) *Rheumatic fever*
(duration) *2* yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
Home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? *No* DATE OF _____

19. WAS THERE AN AUTOPSY? *No*
WHAT TEST CONFIRMED DIAGNOSIS *Microsc*
(Signed) *W. A. Deasing*, M. D.

Jan 10 1931 (Address) *Northwood 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.

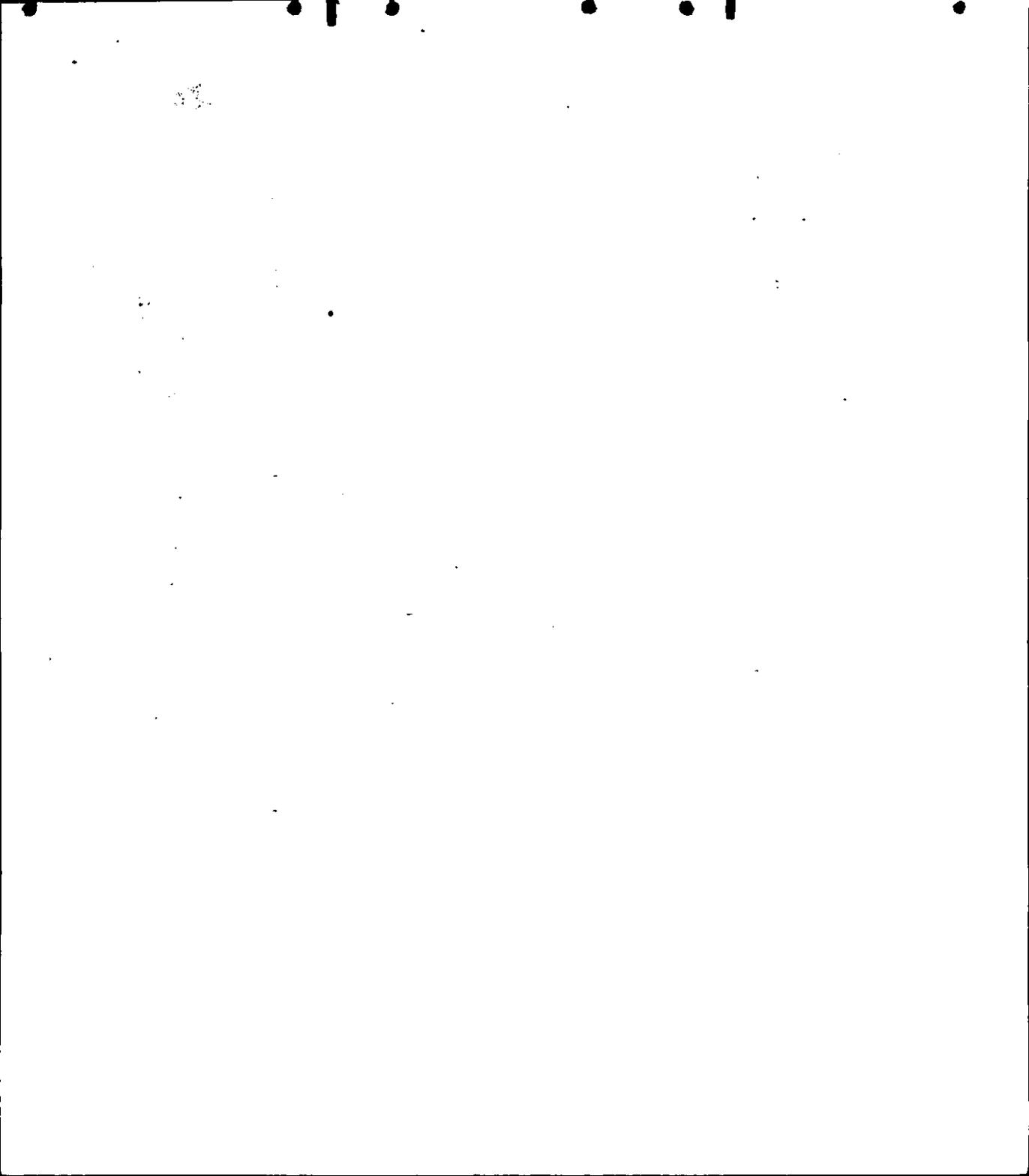
19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Northwood* DATE OF BURIAL *Jan 9 1931*

20. UNDER TAKER *A. I. Shoud* ADDRESS *Northwood*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

17
FEB 10 1931



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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Carroll Registration District No. 138
 Township Primary Registration District No. 4078
 City Nonboume (No.) St. Ward

2. FULL NAME Ruth Steele
 (a) Residence, No. St. Ward

(Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1903

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. or min.
27 10 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED March 9, 1931 E. H. Mason Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed)....., M. D.
 (Address).....

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