

MAR 25 1931

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

Do not use this space.

6172

## 1. PLACE OF DEATH

County Lawrence  
Township Lawrence  
City Lawrence (No. \_\_\_\_\_)

Registration District No. 472  
Primary Registration District No. 5636

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

## 2. FULL NAME

Jackie A. Rucifer

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 29 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 24

## 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) Child

(c) Name of employer Child

9. BIRTHPLACE (CITY OR TOWN) Lawrence Miss MO  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Arthur W. Rucker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrence  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Patterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrence  
(STATE OR COUNTRY) Missouri

14. INFORMANT Arthur W. Rucker  
(Address) Lawrence Miss MO

15. FILED 3/5 1931 Thos H Powell  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 22 - 31

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1931 to Feb 22 1931, and that I last saw him alive on Feb 22 1931, and that death occurred, on the date stated above, at 3:45 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

congenital heart disease

15 yrs

(duration) yrs. mos. 24 ds.  
CONTRIBUTORY (SECONDARY) 1570  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical history  
(Signed) Henry J. ... M. D.

2/22, 1931 (Address) Lawrence, 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 Field Oak Cem. DATE OF BURIAL Feb 23 31

20. UNDERTAKER Quocoxie ... ADDRESS Quocoxie Mo

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.

