

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

Do not use this space.

9458

1. PLACE OF DEATH

39 County Gasconade Registration District No. 307
Township Boulwar Primary Registration District No. 5425
City Bay (No. _____) St. _____ (Ward _____)

2. FULL NAME

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 70 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 Always

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

13. NAME John Ruffner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Theodor Ruffner Bay Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bay Mo DATE March 31 1931

19. UNDERTAKER (ADDRESS) W. Gattenstroetter Owensville Mo

20. FILED 3-30- 1931 Mrs. F. D. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1931

22. I HEREBY CERTIFY, That I attended deceased from March 25 1931 to March 28 1931
I last saw him alive on March 28 1931. Death is said to have occurred on the date stated above, at 10 P...s.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 3/25/31

Other contributory causes of importance:
108
118

Name of operation None Date of _____
What test confirmed diagnosis? Sputum Was there an autopsy? No

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) E. G. Rhodius, M. D.
(Address) Bay 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.

S. NO. 2.

