

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

Do not use this space.

14543

1. PLACE OF DEATH

49 County Jasper
5 Township
7 City Carthage (No. _____)

Registration District No. 108
Primary Registration District No. 3020

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rebecca Ruth Rankin

(a) Residence, No. 202 La Russell Mo. St., _____ Ward.

Length of residence in city or town where death occurred yrs. mos. 10 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 Samuel Rankin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1856

7. AGE YEARS 75 MONTHS 3 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home - 235
10. Data 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) Ind.

MOTHER 13. NAME Samuel - Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know - Ind.

15. MAIDEN NAME Beatrice Field Seabard

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

17. INFORMANT L. D. Rankin
(ADDRESS) 310 Orchard Ave Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harvey Cem DATE April 8 31

19. UNDERTAKER Garsoni Kuller by 116 1/2
(ADDRESS) Carthage Mo.

20. FILED 4/7 19 31 Estelitchan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 31

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1931, to April 4 1931
I last saw her alive on April 4 1931. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
131
930
Other contributory causes of importance:
nephritis, chronic

Name of operation none Date of _____
What test confirmed diagnosis? renal 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) Ernest J. McEntire, M. D.
(Address) Carthage 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.

APR 23 1931

To Last Physician
then ~~Dr. J. H. Ketchum~~
to ~~Dr. J. H. Ketchum~~
Local Reg -
Bolt of Partridge