CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1931

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

Do not use this space.

20544

1. PLACE OF DEATH Boone
County ~~Columbia~~ Registration District No. 73
Township Primary Registration District No. 3006
City Columbia (No. St. Ward)

File No.
Registered No. 144

2. FULL NAME William Henry Rucker
(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~~ (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	9	6 ~~16~~	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cole Comp.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry A Rucker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Emerson Ferguson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper C.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. H H Rucker
(Address) Denver Apt

15. FILED 7/1/1931 F. C. Suggette REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1925, to June 30, 1931 that I last saw him alive on June 29, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy -
8 [illegible]
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
5 yrs ago (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Supra Pubic Opt Dec 5 - 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. R. Shufer, M. D.
, 19 (Address) Columbia 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 Columbia Cemetery
DATE OF BURIAL 7-1-1931

20. UNDERTAKER Tom McHarg
ADDRESS Columbia