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

Do not use this space.
29242

File No.
Registered No. 60

1. PLACE OF DEATH
County: Ste Genevieve
Registration District No. 780
Primary Registration District No. 4466
Township
City: Ste Genevieve (No. St. Ward)

2. FULL NAME: Ruth Cecelia Naumann

(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.

OCT 26 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26th 1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lime Co
10. Date deceased last worked at this occupation (month and year): June 30 1931
11. Total time (years) spent in this occupation: 14 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Missouri

FATHER
13. NAME: Charles J Naumann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Missouri

MOTHER
15. MAIDEN NAME: Mary Schumert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Missouri

17. INFORMANT (ADDRESS): Charles J Naumann Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ste Genevieve DATE: Aug 21st 1931

19. UNDERTAKER (ADDRESS): Warren J Stenton Ste Genevieve Mo

20. FILED: Aug 20 1931 T. W. Douglas
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 19 - 1931

22. I HEREBY CERTIFY, That I attended deceased from July 2 - 1931, to Aug - 19 1931
I last saw h. alive on Aug 18th 1931. Death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	7/1/31
Hemorrhages - bowels	7/29/31
93B	
133B	

Other contributory causes of importance:

Myocarditis	8/19/31

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) R. W. Lawing, M. D.
(Address) Ste Genevieve Mo