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.

AUG 29 1931

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

Do not use this space.

30246

1. PLACE OF DEATH

County Schuyler — Registration District No. 806 — File No.

Township ~~Prairie~~ — Primary Registration District No. 4485 — Registered No.

City Queencity Mo. (No. ..... St. ..... Ward)

2. FULL NAME Minnie E. Ruddell

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 9 ~~1888~~ 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	6	27	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo near QueenCity

PARENTS

10. NAME OF FATHER Leonard Bradley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentuckey
12. MAIDEN NAME OF MOTHER Elner G. Owing.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentuckey (STATE OR COUNTRY)

14. INFORMANT Mrs Mabel Bowen
(Address) QueenCity Mo.

15. FILED 8-25, 1931 J. T. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/6 1931

17. I HEREBY CERTIFY, That I attended deceased from 8/1, 1931, to 8/6, 1931 that I last saw her alive on 8/5, 1931, and that death occurred, on the date stated above, at 2 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
139Br
139C
129
129 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Diseased Tubes & Wound (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Gen Symptoms
(Signed) D Noe, M. D.
, 19 (Address) Queen City 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	DATE OF BURIAL
Queencity Cemetary	8/7 1931

20. UNDERTAKER Wm H West Queencity Mo — ADDRESS