

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

Do not use this space.

**31789**

**1. PLACE OF DEATH**

County Brunswick

Registration District No. 508

Township .....

Primary Registration District No. 3026

City Chillicothe (No. ....)

File No. ....

Registered No. 93

St. .... Ward)

**2. FULL NAME**

Ruby May Siske

(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 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) Jan - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3

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

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 .....

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

FATHER 13. NAME Virgile C Siske

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattersonburg Mo

MOTHER 15. MAIDEN NAME Emily S Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pirceston Mo

17. INFORMANT Virgile C Siske (ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE Sept 30 1931

19. UNDERTAKER James O Gordon (ADDRESS) Chillicothe Mo

20. FILED 9/5 19 31 P. Barney Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1931 to Sept 3 1931

I last saw him alive on Sept 2 1931 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Heart decompensation  
acute endocarditis  
955  
312

Other contributory causes of importance: Septic foci - throat

Name of operation None 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) A. J. Burman, M. D.  
(Address) Chillicothe, Mo

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.

OCT 26 1931

WRITE PLAINLY, WITH OUTFRONG MARGINS IS A REQUIREMENT

