

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

Do not use this space.

**33331**

**1. PLACE OF DEATH**

County Shelby  
Township Black Creek  
City Shelbyville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 831  
Primary Registration District No. 4504

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.  
(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 11 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffey Co. Kans.

10. NAME OF FATHER Henry A. Ruggles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER Marta Haviland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Dr. P. C. Archer  
(Address) Shelbyville, Mo.

15. FILED Sept 17 1931 Emmett L. Hoxton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr - 1, 1930, to Sept 16, 1931, that I last saw her alive on Sept 16, 1931, and that death occurred, on the date stated above, at 2:30 p m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of intestine  
Ileo caecal region  
1 1/2 (duration) 2 yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

460 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? no DATE OF X

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) P. C. Archer, M. D.

9-16, 1931 (Address) Shelbyville 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

Kirksville Mo. Sept 17, 1931

20. UNDERTAKER ADDRESS J. W. Thompson Son Shelbyville 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.

SEP 29 1931

