

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

Do not use this space.

33797

**1. PLACE OF DEATH**

County Cape Girardeau  
Township Apple Creek  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 123  
Primary Registration District No. 1576a

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Flora Ruschoff Sewing  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3-SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Sewing</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7 - 1891</u>		
7. AGE YEARS <u>36</u>	MONTHS	DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Appleton Mo.

FATHER 13. NAME Hy Ruschoff

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Mo.

MOTHER 15. MAIDEN NAME Mary Grube

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Mo.

17. INFORMANT Herman Sewing  
(ADDRESS) Appleton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Mt. Cemetery DATE Oct 4 1931

19. UNDERTAKER McComb Funeral & Burial Co.  
(ADDRESS) Ferguson Mo.

20. FILED 10-4 1931 C. B. Bourneau  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended, deceased from on Oct 3, 1931, to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on Oct 3, 1931. Death is said to have occurred on the date stated above, at 6:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Placental Previa.  
Date of onset 10-3-31  
Other contributory causes of importance:  
14:15  
14:15  
14:15

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify (Signed) C. B. Bourneau, M. D.  
(Address) Cedar Appleton, Mo.

NOV 28 1931

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.

JUN 1 1943