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

Do not use this space.

34660

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 4229
City Kansas City, Mo. (No. 119 North Topping St. Ward)

2. FULL NAME Adeline Ruick
(a) Residence. No. 119 North Topping St., 10 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest N. Ruick

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 9, 1854

7. AGE: Years 77 — Months 5 — Days 18 (19) — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Penn.

PARENTS
10. NAME OF FATHER: John W. Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Hannah Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Anna J. Williams
(Address) 119 North Topping

15. FILED 10/30, 1931 M. M. Crowe REGISTRAR
Ass

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 28, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 28, 1931, that I last saw her alive on Oct 28, 1931, and that death occurred, on the date stated above, at 9:10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mytral Regurg
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arturo Sclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R L St Clair, M. D.
Oct 30 1931 (Address) 5242 St John

*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: Newton, Kansas — DATE OF BURIAL: 10-31-31 19

20. UNDERTAKER: R.V.Lindsey & Sons, Inc. — ADDRESS: K.C.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.

3442 21 John

VBE 01 41