

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 178
 Township St. Joseph Primary Registration District No. 1001 Registered No. 14
 City St. Joseph (No. Mo. Methodist Hospital Ward)

2. FULL NAME

Joseph Ruelter
 (a) Residence. No. 115 Michel 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1876

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

8. OCCUPATION OF DECEASED Common Laborer
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) " 237
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

PARENTS
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records
 (Address) Mo. Meth. Hosp.

15. FILED 1-7-32 John P. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5th 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1931, to Jan 5, 1932
 that I last saw h. alive on Jan 5, 1931, and that death occurred, on the date stated above, at 7 a. m.

96 THE CAUSE OF DEATH* WAS AS FOLLOWS:
10TH
Pneumonia Hypostatic
 (duration) yrs. mos. 6 ds.
 CONTRIB. FROM Large Abscess of Liver
 (SECONDARY) (duration) yrs. mos. 7 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF _____

WAS THERE AN AUTOPSY? yes ①

WHAT TEST CONFIRMED DIAGNOSIS autopsy
 (Signed) D. W. Clark M. D.
1-7-1931 (Address) 307 Pol Blvd

*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 City Cemetery DATE OF BURIAL Jan 7-1932

20. UNDERTAKER Ransom Funeral Service ADDRESS 7th + Olive St

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.

FEB 23 1932

