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.

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

Do not use this space.

996

34

1. PLACE OF DEATH

County Jackson — Registration District No. 303

Township Blue — Primary Registration District No. 4004

City Kansas City Mo. (No. 1009 E 26th St. Ward)

File No.

Registered No.

2. FULL NAME Mrs. Clara Rubins

(a) Residence. No. 1009 E 26th St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Husb) Lewis E. Rubins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	6	23	

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) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oklahoma 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER R. M. Meeks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? 31
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER May Bone

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

14. INFORMANT T. B. Hospital
(Address) Leeds Sta. Kansas City Mo.

15. FILED Jan 5, 1932 M. M. Crowe
Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4th 1932

17. I HEREBY CERTIFY, That I attended deceased from November 5th 1931, to January 4th 1932 that I last saw her alive on January 4, 1931, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis F.A.

23A

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 23

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Kansas City Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sputum + + Smeltness

(Signed) [illegible], M. D.

1/5, 1932 (Address) Kansas City 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
Columbus Kans	1-5 1932

20. UNDERTAKER	ADDRESS
P. B. Lapetina	City

[illegible]