

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

Do not use this space.

18350

1. PLACE OF DEATH

County Saline Registration District No. 786
Township Marshall Primary Registration District No. 3038
City Marshall (No.) St. Ward

2. FULL NAME

Dinah Rucker
(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 Female 4. COLOR OR RACE Color 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houskeeper

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) Mo 1

13. NAME Jordan Woods 0

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

15. MAIDEN NAME Winters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winters 31

17. INFORMANT (ADDRESS) Willie Emery

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE May 29 1932

19. UNDERTAKER (ADDRESS) Ferguson Williams

20. FILED 6-10-1932 A. C. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1932, to May 27, 1932

I last saw her alive on May 26, 1932. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease Heart
9VA 92R
118C
Calarrhal Gastritis
Known

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No.

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? No

If so, specify

(Signed) W. H. Madison, M. D.

(Address) Marshall 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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JUN 29

