

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

Do not use this space.

19046

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 137

Township Jefferson City, Mo.

Primary Registration District No. 30.14

Registered No. _____

City Jefferson City, Mo. (No. _____)

St. _____ Ward) _____

2. FULL NAME

Ruby Evelyn Lemaster

(a) Residence. No. Eldon, Mo. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9th 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 7 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Calumet, Oklahoma
(STATE OR COUNTRY)

10. NAME OF FATHER Ernest S. Lemaster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pickering Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Winifred Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hilford, Mo.
(STATE OR COUNTRY)

14. INFORMANT Ernest S. Lemaster
(Address) Eldon, Mo.

15. FILED 4/18/32 J. R. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1932

17. I HEREBY CERTIFY, That I attended deceased from June 4 1932, to June 16 1932 that I last saw h. alive on June 16 1932 and that death occurred, on the date stated above, at 8:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Septicemia
(2) lung abscess.

(duration) _____ yrs. _____ mos. 12 ds.
CONTRIBUTORY gun shot wound of chest. (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Eldon, Mo.

DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical & laboratory
(Signed) Leon A Taylor, M. D.

, 19 _____ (Address)

*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. accidental

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Removal to Eldon DATE OF BURIAL 6/2/32

20. UNDERTAKER W. Phillips ADDRESS Eldon Mo.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. _____
 Township _____ Primary Registration District No. 3014 Registered No. 134
 City Jeff City No. _____ St. _____ Ward _____

2. FULL NAME

Ruby Evelyn Lemaster
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER / FATHER 13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/24/22 D. B. B. B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
 1. Septicemia Date of onset _____
 2. lung abscess
 Could have been either accident or suicide.
 Other contributory causes of importance: Sun shot wound in chest
 18 _____ 19____

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) Leon A. Taylor, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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19046

1. PLACE OF DEATH

26 County Cole
 3 Township Jefferson City
 8 City Jefferson City, Mo.

Registration District No. 213
 Primary Registration District No. 3014

File No. 137
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Ruby Evelyn Lemaster

(a) Residence No. Ballou, Mo. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX female 4. COLOR OR RACE white 2. SINGLE, MARRIED, WIDOWED OR DIVORCED single
 3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9th 1913

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day. hrs. or min.
18 7 7

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

BIRTHPLACE (CITY OR TOWN) Calypso, Okla.
 (STATE OR COUNTRY) 2 Oklahoma

10. NAME OF FATHER Ernest S. Lemaster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pickering Mo.
 (STATE OR COUNTRY) 1

12. MAIDEN NAME OF MOTHER Minnie Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hillsdale, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Ernest S. Lemaster
 (Address) Ballou, Mo.

15. FILED 4/18/32 J. R. Bedford REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1932

17. I HEREBY CERTIFY, That I attended deceased from June 4 1932 to June 16 1932
 that I last saw him alive on June 16 1932 and that death occurred, on the date stated above, at 9:00 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

(1) Sepsis
 (2) lung abscess
195 (duration) yrs. mos. da. 2
1145
 CONTRIBUTORY (SECONDARY) gun shot wounds of chest (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Clowan, Mo.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Physically laboratory
 (Signed) Leon A. Taylor, M. D.
 19 (Address)

*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. accidental

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Hillcrest Cem. Min Grove, Mo
Removal to follow

DATE OF BURIAL
Sept 1 1994
7/1/32

22. UNDERTAKER
W. Phillips
 ADDRESS Clowan, Mo.

Items # 19 amended by Act of June 12, 1915-94