

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.

35289

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1. PLACE OF DEATH
County Franklin Registration District No. 288
Township Deer Primary Registration District No. 4172
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Ruby May Kistaker
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>8</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-18-1931</u>		
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) <u>Franklin Co Mo</u>		
FATHER	13. NAME <u>Herrell Kistaker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deer</u>	
MOTHER	15. MAIDEN NAME <u>Ella May Mc New</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>	
17. INFORMANT <u>Herrell Kistaker</u> (ADDRESS) <u>Remont Mo RR 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stoneyall Ark</u> DATE <u>11-21</u>		
19. UNDERTAKER <u>Leutz Funeral Co</u> (ADDRESS) <u>Deer Mo</u>		
20. FILED <u>Dec 8</u> 19 <u>32</u> <u>Wheeler Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932, to May 19, 1932
I last saw h. w. alive on May 19, 1932 Death is said to have occurred on the date stated above, at 10a m.
The principal cause of death and related causes of importance were as follows:
Defect of heart
ruled as
157C
9:20 a
Other contributory causes of importance:
1
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) R. G. Dow M. D.
(Address) Remont Mo.

