

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

Do not use this space.

35851

1. PLACE OF DEATH

County Jackson
Township Haw
City Lansac/bety (No. Trinity Lutheran Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 4500
Registered No. 4500
St. _____ Ward _____

2. FULL NAME

Earl P. Ruffer
(a) Residence, No. 4608 Holly St. 1 Ward 7
(Usual place of abode)

Length of residence in city or town where death occurred 35 mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>married Mildred Ruffer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26, 1897</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession; or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Accountant 251</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Internal Revenue Office</u>	
	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>Missouri 1</u>		
FATHER	13. NAME <u>Paul Ruffer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u>	
17. INFORMANT <u>Mrs. Mildred Ruffer</u> (ADDRESS) <u>4608 Holly</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East St. Louis, Ill.</u> DATE <u>Nov. 21</u> , 19 <u>32</u>		
19. UNDERTAKER <u>New River Funeral Home</u> (ADDRESS) <u>2111 G. St.</u>		
20. FILED <u>Nov 21</u> , 19 <u>32</u> <u>M. M. Brown</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to Nov 20, 1932

I last saw him alive on Nov 20, 1932. Death is said to have occurred on the date stated above, at 5:25 P.M.

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

Robert Pneumonia

108 / 108

Other contributory causes of importance:
Heart failure (D)

Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) H. H. Daniel, M. D.
(Address) 824 Rialto Bldg

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.

