

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.

42906

1. PLACE OF DEATH

104 County Stone  
Township Front  
City..... (No.....)

Registration District No. 846  
Primary Registration District No. 6100

File No.....  
Registered No. 13 St..... Ward.....

2. FULL NAME Fannie H. Ruby

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF William Ruby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 6 4

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)..... 2  
(STATE OR COUNTRY) Penn.

13. NAME John Bledsoe

14. BIRTHPLACE (CITY OR TOWN)..... 3/1  
(STATE OR COUNTRY) ✓

15. MAIDEN NAME Nancy Fugitt

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

17. INFORMANT Reamys Ruby  
(ADDRESS) Brown Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wise Hill DATE 12-28-1932

19. UNDERTAKER J. W. Maples  
(ADDRESS) Clevert. Mo.

20. FILED 12-30-1932 H. G. Jensen  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Dec 24, 1932

I last saw him alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 11:30 P.m.

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

filari  
11A  
11a7 11A10

Other contributory causes of importance:  
old age + funeral Deputy

Name of operation..... Date of.....  
What test confirmed diagnosis? none 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) J. W. Maples, M. D.  
(Address) Clevert. Mo.

