

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

Do not use this space.

8445

1. PLACE OF DEATH

County Rayton
Township Lamar
City Lamar (No. _____)

Registration District No. 40
Primary Registration District No. 4034

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Anna Elizabeth Ruddick

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 14 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 1 5

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

9. BIRTHPLACE (CITY OR TOWN) Miller mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Mounts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miller mo.
(STATE OR COUNTRY) Washington

12. MAIDEN NAME OF MOTHER Sarah Weaver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nabiltown Mo.
(STATE OR COUNTRY) Missouri

14. INFORMANT J. W. Hoppitt
(Address) Lawrence, Mo.

15. FILED 12-2-33 J. W. Hoppitt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29th 1933

17. I HEREBY CERTIFY, That I attended deceased from March 26th 1933, to March 29th 1933, and that I last saw her alive on March 29th 1933, and that death occurred, on the date stated above, at 9-35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis following abortion

(duration) _____ yrs. _____ mos. _____ ds.
14 / 14 / 0

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Stoppewell, M. D.

3-29-1933 (Address) Lamar mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sycamore Cemetery DATE OF BURIAL 3/29 1933
Lawrence, Mo.

20. UNDERTAKER W. J. Prior ADDRESS Lamar, Mo.

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.

APR 21 1933

MADE IN RESERVE FOR BINDING

97, NO. 2.

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