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

Do not use this space.
33905

1. PLACE OF DEATH
County Worcester
Township Northeast
City Worcester
Registration District No. 6
Primary Registration District No. 3
File No.
Registered No.
St. Ward)

2. FULL NAME Lucy Ruggle

(a) Residence, No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 10 1933

**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: Joseph Ruggle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 2[illegible] 64

7. AGE: Years 69 | Months 0 | Days 1 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Rock Port Mo

FATHER

13. NAME: John Hartly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): A. L. Ruggle

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord DATE 10-31 1933

19. UNDERTAKER (ADDRESS): A. L. Fuller Jr. Concord Jct. Mass

20. FILED 10/31 1933 Mabel Graham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933, to Oct 29, 1933
I last saw h[illegible] alive on Oct 29, 1933. Death is said to have occurred on the date stated above, at 6.20 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 24 |
| Other contributory causes of importance: | |
| Hypothyroidism | |
| Apoplexy | |
| Senility | |

Name of operation none 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? no 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. N. Boylan M. D.
(Address) Concordia Junction

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD