

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

Do not use this space.

34840

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 505-3 Sumner)

File No.....  
Registered No. 9014  
St. .... Ward)

**2. FULL NAME**

Emily Rucker (Rucker)

(a) Residence, No. 505-3 Sumner St., 10 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
abt 73

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) St Louis Co Mo.  
13. NAME Rachel Gyer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo.  
15. MAIDEN NAME Susie Collier  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo.

17. INFORMANT Elizabeth Rucker (ADDRESS) Maple wood Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Oct 19 1933

19. UNDERTAKER Chas Raullett (ADDRESS) 3307 Lucas  
20. FILED OCT 19 1933 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 15, 1933  
I last saw her... alive on Oct 14, 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

1930  
Acute Myocarditis  
107A

Other contributory causes of importance:  
Branchio Pneumonia

Name of operation none Date of .....  
What test confirmed diagnosis? clinical 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? .....  
If so, specify .....  
(Signed) L.B. Howell, M. D.  
(Address) 2907 Ingle

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.

NOV 10 1933

