

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
3rd County De Kalb Registration District No. 260
Township Calhoun Primary Registration District No. 4/59
City Calhoun (No. _____ St. _____ Ward _____)

2. FULL NAME Ruby Frances Ausman
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

4433

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1902

7. AGE YEARS 31 MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Kansas

FATHER
13. NAME C E Ausman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Lena Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) C O Porter (Cameria)
18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE 2/22/34
19. UNDERTAKER (ADDRESS) J J Polak
20. FILED 1-22 1934 Mary S. McMahill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1930 to Feb 20, 1934
I last saw him alive on Feb 19, 1934 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Epilepsy (Grand mal)
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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) M. S. Hale M. D.
(Address) Calhoun Mo.

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