

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Randolph Registration District No. 732 File No. 6142
 Township Moniteau Primary Registration District No. 4437 Registered No. 1
 City Higbee Mo. (No. _____) St. _____ Ward _____

2. FULL NAME James Walker Rucker

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 1864

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, or min. |
|--------|-----------|-----------|-----------|-----------------------------|
| | <u>69</u> | <u>II</u> | <u>15</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Randolph Co. Mo.

FATHER 13. NAME James E Rucker

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.

MOTHER 15. MAIDEN NAME Sarah C Smith

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.

17. INFORMANT Mrs W. D. Burke Higbee Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE March 1 1934

19. UNDERTAKER Joe W Burton Higbee MO.
 (ADDRESS)

20. FILED 3/1 1934 J. W. Rucker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1934 to Feb 28 1934

I last saw him alive on February 27 1934. Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Cerebral Apoplexy Date of onset 2/17/34

Hemiplegia - Paralysis
Arterio Sclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis Cerebral Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____

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) C. F. Puschalter, M. D.

(Address) Higbee, Missouri

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.

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual data entry and the use of specialized software tools. The goal is to ensure that the data is both accurate and easy to interpret.

The third part of the document provides a detailed breakdown of the results. It shows that there has been a significant increase in sales over the period covered by the report. This is attributed to several factors, including improved marketing strategies and a focus on customer service.

Finally, the document concludes with a series of recommendations for future actions. These include continuing to invest in marketing, maintaining high standards of customer service, and regularly reviewing financial performance to identify areas for improvement.