

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

Do not use this space.

9524

1. PLACE OF DEATH

County Lawrence Registration District No. 467
 Township Aurora Primary Registration District No. 4280
 City Aurora (No. 16 East College) St. _____ Ward _____

File No. _____
 Registered No. 13

2. FULL NAME William Henry Ruff

(a) Residence, No. 16 East College 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent

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) Missouri

13. NAME P.W. Ruff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nancy Steinipp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Willa Ruff
 (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE March 8 1934

19. UNDERTAKER King Funeral Home
 (ADDRESS) Aurora Mo.

20. FILED 3-17 1934 R. D. Cavan, M.D.
 Registrar

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-19- 1933, to March 6, 1934

I last saw him alive on Mar. 6, 1934 4PM. 19... Death is said to have occurred on the date stated above, at 6.45 a.m.

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

Pericious Anemia
Amia last 36 hrs.

Date of onset 2 yrs.

MIA
1330
711A

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood tests 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? No.

If so, specify _____

(Signed) Sam T. Bichel, M. D.

(Address) Aurora, Mo.

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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