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.

JUL 17 1934

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

Do not use this space.

20491

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas (No. General Hospital St. 2001 Ward)

File No.

Registered No.

2. FULL NAME Jennie Ruble

(a) Residence, No. 1014 East 26 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: 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: J. A. Ruble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28, 1858

7. AGE: YEARS 76 — MONTHS 0 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

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

FATHER

13. NAME: William B. Stark

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

MOTHER

15. MAIDEN NAME: Nancy Scott

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

17. INFORMANT (ADDRESS): Dr. H. B. Ruble, 1014 East 26

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE June 15, 1934

19. UNDERTAKER (ADDRESS): Rose A. Henderson, 104 Jackson

20. FILED June 15, 1934 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1934

22. I HEREBY CERTIFY: That I attended deceased from ..., 19..., to ..., 19..., I last saw her alive on ..., 19.... Death is said to have occurred on the date stated above, at ..... m.

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

Fracture left femur
Bronchopneumonia

Date of onset

Other contributory causes of importance:

186A
1043
1042

No 186A

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? 1014 E 26 Kansas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fall from 2 hrs at
Nature of injury: [illegible]

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ....., M. D.

(Address) .....

1008-11-24-33