

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.

AUG 10 1934

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

Do not use this space.

1. PLACE OF DEATH
 88 County RANDOLPH Registration District No. 795
 6 Township MOBEELY Primary Registered District No. 3094
 8 City MOBEELY (No. Woodland Hospital) St. _____ Ward _____

2. FULL NAME Ruth Grant Mc Gee
 (a) Residence, No. WOODLAND HOSP Ward. PARIS, MO.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 26056
Registered No. 184

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. P. Mc Gee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1874

7. AGE YEARS 59 MONTHS 9 DAYS 1 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) July 19 - 34 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Mike Leonard

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Helen Mc Gee (ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CEDAR GROVE NEAR PARIS, MO. DATE JULY 26 1934

19. UNDERTAKER SPEED + BLAKEY (ADDRESS) PARIS, MO.

20. FILED 7/24 1934 Virginia Walker Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1934

22. I HEREBY CERTIFY That I attended deceased from July 23, 1934 to July 24, 1934
 I last saw her alive on July 24, 1934 Death is said to have occurred on the date stated above, at 5:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset July 20/34
Adhesions

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? No
 If so, specify _____ (Signed) John P. Leonard M. D.
 (Address) MOBEELY, MO.

