

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.

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

Do not use this space.

OCT 29 1934

31839

1. PLACE OF DEATH

County Andrew Registration District No. 9
 Township Benton Primary Registration District No. 5012
 City (No. _____) St. _____ Ward _____

File No. 14
 Registered No. 9

2. FULL NAME Susie Jane Ruble

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Ruble
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1893
 7. AGE YEARS 41 MONTHS 7 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Musable (STATE OR COUNTRY) mo

13. NAME Fred C. Cook

14. BIRTHPLACE (CITY OR TOWN) un known (STATE OR COUNTRY) new york

15. MAIDEN NAME Lara Bell Howell

16. BIRTHPLACE (CITY OR TOWN) Vicksburg (STATE OR COUNTRY) co

17. INFORMANT Floyd Parr (ADDRESS) 1202 Savannah ave St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE Oct 2 1934

19. UNDERTAKER E. C. Breit (ADDRESS) Savannah mo

20. FILED Oct 30 1934 J. W. Carr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934, to Sept 30 1934.
 I first saw her alive on Sept 30 1934. Death is said to have occurred on the date stated above, at 4 A. M.

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

Fracture Skull Date of onset _____
210 M
210
 Other contributory causes of importance: Automobile Collision 9/1

Name of operation none 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? accident Date of injury Sept 30, 1934
 Where did injury occur 215 High Way # 71 1/2 miles north of _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury automobile accident
 Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) M. J. H. H. H. H.
 (Address) Greenville Mo
Coroner Andrew Co

