

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.

307 49 20

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

Do not use this space.

31840

1. PLACE OF DEATH

County Andrew
Township Benton
City _____ (No. _____)

Registration District No. 9
Primary Registration District No. B-012

File No. 13
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Edgar Howard 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF <u>Susan Jane Ruble</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>un known</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>43</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Automobile mechanic</u>			
	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 _____	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>un known Virginia</u>			
	13. NAME <u>Edgar Ruble</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>un known Virginia</u>			
	15. MAIDEN NAME <u>un known</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>un known un known</u>				
17. INFORMANT (ADDRESS) <u>Floyd Farr 1902 Savannah ave S. J. M.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hamilton</u> DATE <u>Oct 2 1934</u>				
19. UNDERTAKER (ADDRESS) <u>C. E. Breit Savannah miss</u>				
20. FILED <u>Oct 3 1934</u> <u>J. W. Carr</u> 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 last saw him alive on Sept 30 1934 Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
Multiple Fractures Skull & Face Bones
Traumatic Injury Chest
Fractures of Left Leg
2:10 PM
Other contributory causes of importance: Automobile Collision
261

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 9-30 1934
Where did injury occur? U.S Highway # 71-8 1/2 miles south of Savannah miss
(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 Skull and Chest Fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) M. J. Heilday
(Address) Ferrimore 720
Coroner Andrew Co. MO

