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

OCT 7 1934

Do not use this space.

32240

File No. .....

Registered No. 50

1. PLACE OF DEATH

County Chariton — Registration District No. 169

Township ~~Brunswick~~ — Primary Registration District No. 4098

City Brunswick (No. ....., ... St. ..... Ward)

2. FULL NAME BLANCHE SMUTZ RUCKER

(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: 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: L P Rucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18-1863

7. AGE: Years 71 | Months 3 | Days 5 | 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.: Housework

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): Iowa

FATHER

13. NAME: David Smutz

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

MOTHER

15. MAIDEN NAME: Virginia Smith

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

17. INFORMANT (ADDRESS): L P Rucker Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL: Mo
PLACE Brunswick DATE Sept 25 1934

19. UNDERTAKER (ADDRESS): L Wenzel Brunswick Mo

20. FILED Sept 24 1934 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1934 to Sept 23 1934

I last saw him alive on Sept 22 1934. Death is said to have occurred on the date stated above, at 7 P.M.

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

	Date of onset
Hemiplegia	
Right side paralysed	Sept.
Due to a stroke of	1934
apoplexy	
Other contributory causes of importance:	
Arteria sclerosis	

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) Harry E. Tatum, M. D.

(Address) Brunswick Mo