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.

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. 431 Ohio, St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 35310
Registered No. 1193

2. FULL NAME Ruth De Shon
(a) Residence, No. 431 Ohio 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1921

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
13	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Benton Jr. High School
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) St. Paul Minnesota

FATHER
13. NAME William R. DeShon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

MOTHER
15. MAIDEN NAME Mattie Hollowell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT (ADDRESS) Wm. R. DeShon 431 Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Regester Cem. DATE Oct. 29, 1934

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED OCT 30 1934 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1934 to Oct. 28, 1934
I last saw her alive on Oct 27, 1934. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria — Date of onset Oct 26 34

10

Other contributory causes of importance: 10

8 Name of operation Date of
What test confirmed diagnosis? Lab. 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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. [signature], M. D.
(Address) 209-10 Kirkpatrick Bldg.

100M-11-24-33