

Annex 11:30
Do not use this space.

NOV 14 1934

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

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township _____ Primary Registration District No. 3016
City Washington (No. _____ St. _____ Ward _____)

File No. 35694
Registered No. 102

2. FULL NAME Adela Ruge

(a) Residence, No. Riverview Place, Washington Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Warren County (STATE OR COUNTRY) Missouri

13. NAME William G. Ruge

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

15. MAIDEN NAME Serelda Marshall

16. BIRTHPLACE (CITY OR TOWN) Warren County (STATE OR COUNTRY) Missouri

17. INFORMANT Edw. A. Zorr, (ADDRESS) Riverview Place, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellow Cemetery DATE Oct. 28 1934
Washington, Mo.

19. UNDERTAKER Otto & Co., (ADDRESS) Washington, Mo.

20. FILED Oct. 27 - 34 H. H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1934, to Oct. 26 1934

I last saw h. W. alive on Oct. 26 1934. Death is said to have occurred on the date stated above, at 12 M. m.

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

Carcinoma of Esophagus
Left side.
52
52

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 1934

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) O. L. H. H., M. D.
(Address) Washington, Mo.

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.

WHITE PAINLESS, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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