

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.

JAN 22 1935

45435

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
 Township Marshall Primary Registration District No. 3038  
 City Marshall, Mo. 569 S. Salt Pond St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 167  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ruby May Cunningham  
 (a) Residence, No. 579 S. Salt Pond 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  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1914  
 7. AGE YEARS 20 MONTHS 6 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Nov. 1934 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn, Mo.

13. NAME William T. Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spaced Co. Mo.

15. MAIDEN NAME Ruby May Brunson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn, Mo.

17. INFORMANT Charles Cunningham  
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ridge Cemetery DATE Dec. 7, 1934

19. UNDERTAKER J. L. Burmy  
 (ADDRESS) Marshall, Mo.

20. FILED Dec 7 1934 Heleah Dyer  
 Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1934  
 22. I HEREBY CERTIFY, that I attended deceased from Dec 1 1934 to Dec 7 1934  
 Last saw him alive on Dec 7 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:

Mesenteric Date of onset \_\_\_\_\_  
Thrombosis  
Child birth  
Delivered 12/1/34

Other contributory causes of importance:  
Child birth  
Delivered 12/1/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Heleah Dyer M. D.  
 (Address) \_\_\_\_\_

