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

APR 1 2 1935

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 8100

Township — Primary Registration District No. 1001 — Registered No. 270

City St. Joseph, Mo. (No. Sisters Hosptl. St. Ward)

2. FULL NAME Elizabeth Ruddel

(a) Residence, No. Bolcow, Missouri St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 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: Ira Ruddel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1889

7. AGE: YEARS 46 — MONTHS Unknown — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fillmore Mo.

FATHER
13. NAME: David Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER
15. MAIDEN NAME: Robison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Ira Ruddel Bolcow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fillmore Mo DATE March 6 1935

19. UNDERTAKER (ADDRESS): Fleeman Mortuary

20. FILED 3-4- 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1935, to Mar 4, 1935
I last saw her alive on Mar 3, 1935 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:

	Date of onset
Pulmonary Oedema - Acute	2-27-35

Other contributory causes of importance:
Chronic Asthma with acute exacerbation
Influenzal type. resp. infection

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) Paul Forgrave, M. D.
(Address) St. Joseph, Mo.