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

MAR 26 1935

Do not use this space.

File No. 8605

Registered No. 2

1. PLACE OF DEATH
County: Dallas
Township: Wilson
City: ~~Shiloh~~ (No. ..... St. ..... Ward)
Registration District No. 247
Primary Registration District No. 5243

2. FULL NAME: ~~Adline~~ Nancy Adline Ruble

(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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Jasper Ruble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13, 1875

7. AGE: Years 59 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Henry Pitts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. S. Carolina

MOTHER
15. MAIDEN NAME: Polly Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT: Velma Wilson
(ADDRESS) Shiloh Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Crossroads DATE: 3/6 1935

19. UNDERTAKER: L. B. Jones
(ADDRESS) Buffalo Mo

20. FILED: 3-10-1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1935, to 2-27, 1935

I last saw ~~her~~ alive on 1-14, 1935. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

	Date of onset
Oedema of Lungs	
131	

Other contributory causes of importance:

Chronic Brights Disease	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) [signature], M. D.
(Address) Long Lane 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.