

JUN 18 1935

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

Do not use this space.

15679

1. PLACE OF DEATH Buchanan County Registration District No. 85
Township St. Joseph Mo Primary Registration District No. 1001
City St. Joseph Mo (No. Mo. Methodist Hospital) Registered No. 561 Ward St.

2. FULL NAME Ruby Katherine Madison
805 South 20th St. Ward.
(a) Residence, No. 805 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1900
7. AGE YEARS 35 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.

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.
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. Joseph Missouri

13. NAME Henry Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

15. MAIDEN NAME Lizzie Braxton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturgeon Missouri

17. INFORMANT Mrs Lizzie Fisher (ADDRESS) 1117 North 3rd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE 5-25-35

19. UNDERTAKER (ADDRESS) B.F. Graves Funeral Home
806 South 17th St
May 25 1935

20. FILED John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 35 19

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1935, to May 21, 1935
I last saw h. alive on May 21, 1935. Death is said to have occurred on the date stated above, at 12:23P

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

Pneumonia Lobar
bilateral
106
Date of onset 5-14-35

Other contributory causes of importance:

None

Name of operation None Date of None

What test confirmed diagnosis? None 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, 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 E. M. Shores M. D.

(Address) 317 Kirkpatrick Bldg
St. Joseph 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.

