

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.

SEP 26 1935

27428

1. PLACE OF DEATH

County *Franklin*

Township *Franklin*

City

Registration District No. *773*

Primary Registration District No. *6023*

File No.

Registered No. *107*

St.

Ward

2. FULL NAME *Ruth Elton Gruner*

(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

MEDICAL CERTIFICATE OF DEATH

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 *Henry Gruner*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3 Aug 1859*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

11

20

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

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) *4 yrs*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *near Farmington*

FATHER

13. NAME *Carol + Mary White*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington, Mo*

MOTHER

15. MAIDEN NAME *Mary J. Mason*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Mr. Robinson*

18. BURIAL, CREMATION OR REMOVAL

PLACE *R. of F. Cemetery*

DATE *Aug 4*

19. UNDERTAKER (ADDRESS) *Farmington Mfg Co*

20. FILED *Aug 2 1935*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 10 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 15 1935* to *July 2 1935*

I last saw him alive on *July 2 1935* Death is said to have occurred on the date stated above, at *6 a* m.

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

Chronic myocarditis
Chronic bronchitis
Chronic nephritis (left)

Other contributory causes of importance:

Name of operation *Cholecystectomy* Date of

What test confirmed diagnosis? as 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) *R. Robinson* M. D.

(Address)

Registrar.

