

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

Do not use this space.

SEP 25 '935

27520

**1. PLACE OF DEATH**

County St. Louis Central Registration District No. 789  
 Township St. Ferdinand Primary Registration District No. 6033  
 City St. Louis (No. 6217 South Drive) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 709  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ruth Elizabeth Gorton  
 (a) Residence, No. 6217 South Drive 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William H Gorton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25-1902</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>4</u>	<u>24</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Jonesburg Mo.</u>				
FATHER	13. NAME <u>James C Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Mellie Reese</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
17. INFORMANT <u>William H. Gorton</u> (ADDRESS) <u>6217 South Drive</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jonesburg Mo.</u> DATE <u>Aug 21 1935</u>				
19. UNDERTAKER <u>Albert H. Fappe Inc</u> (ADDRESS) <u>429 N Euclid Ave.</u>				
20. FILED <u>8-21-1935</u> <u>W.A. Bachner</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1933 to Aug 19 1935  
 I last saw her alive on Aug 19 1935. Death is said to have occurred on the date stated above, at 8:45 pm.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Hemorrhage Date of onset Oct 19 1935  
 Other contributory causes of importance Embolicus of lungs 3 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Alley 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? Ind.  
 If so, specify \_\_\_\_\_  
 (Signed) W.A. Bachner, M. D.  
 (Address) 637 Philadelphia St.

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.

