

NOV 21 1935

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

Do not use this space.

29773

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Wheatley Tror.)

File No. _____
Registered No. 2204
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1106 Paseo 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 M 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mattie Ruggs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 - 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pullman Porter
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 _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pasco
13. NAME Ruggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pasco
15. MAIDEN NAME Elyse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pasco
17. INFORMANT Mattie Ruggs
(ADDRESS) 1474 E 23rd St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE San Bernardino Co. Cal. DATE Oct 4 1935
19. UNDERTAKER Matkins Bros. Undert.
(ADDRESS) 1729 Ry dia
20. FILED 10/4 1935 M. M. Crown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1935
22. I HEREBY CERTIFY, that I attended deceased from Sept 28 1935 to Sept 29 1935
I last saw him alive on Sept 29 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Lobar Pneumonia 9/25

Other contributory causes of importance

Name of operation _____ 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) R. C. Kawa, M. D.
(Address) 422 Minnesota - P. C. Kawa

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.

CONTINUING INFORMATION IS A PERMANENT RECORD

