

DEC 18 1935

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

Do not use this space.

35635

1. PLACE OF DEATH

County DentRegistration District No. 266

File No.

Township

Primary Registration District No. X16XRegistered No. 65City Salem Mo. (No. _____) St. _____ Ward _____2. FULL NAME Ruba Virginia Daugherty

(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. 6 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 16 - 19347. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 4 308. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

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) Salem Mo.13. NAME Graver Daugherty14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo15. MAIDEN NAME Pearl Bartlett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo17. INFORMANT Mrs Graver Daugherty (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stone Hill DATE 11/5 193519. UNDERTAKER H. D. Johnson (ADDRESS) Salem Mo20. FILED 118 1935 H. E. Rivald, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 193522. I HEREBY CERTIFY, That I attended deceased from Nov 6 1935, to Nov 6 1935I last saw him alive on Nov 6 1935 Death is saidto have occurred on the date stated above, at 3 P.M.

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

Pneumonia Nov 3 - 1935 (Date of onset)Other contributory causes of importance Group (Spasmodic) Nov 1 - 35Name of operation None Date of _____What test confirmed diagnosis? Ward Eye Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓ 1935Where did injury occur? Home (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? NoIf so, specify No disease M. D.(Signed) H. E. Rivald, Jr. (Address) Salem 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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

