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

JAN 15 1936

Do not use this space.

38706

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. St. Joseph's Hospital St. Ward)

File No. — Registered No. 1379

2. FULL NAME Gilbert Maurice Ruhnke

(a) Residence, No. St., Ward. Troy Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 30, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	7 hrs. 15 min.

OCCUPATION

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

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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Estella Pearl Ruhnke

16. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) Kansas

17. INFORMANT Esyella Pearl Ruhnke (ADDRESS) Troy Kansas

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. PLACE St. Joseph Mo. DATE December 31, 35

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph Mo.

20. FILED 12-31, 1935 John R Bender Registrar.

1/31/2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:00 Midnight

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

	Date of onset
Premature Birth	12-30-35

Other contributory causes of importance

Name of operation ..... Date of 7

What test confirmed diagnosis? ..... 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) Gustav A Lau, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.