

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.

JAN 16 1936

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

Do not use this space.

40047

1. PLACE OF DEATH

County Johnson
Township Centerview
City Centerview (No.)

Registration District No. 431
Primary Registration District No. 5589

File No.
Registered No. 176
St. Ward)

2. FULL NAME

Jennie Ruthie

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-8-1856

7. AGE YEARS 79 MONTHS 10 DAYS 22 IF LESS than 1 day, hrs. or min.

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

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) Ill

13. NAME J. W. Eichrist

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Glessie Ruthie Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jacoby Chapel DATE Jan-2-1936

19. UNDERTAKER (ADDRESS) Speckler & Phillips Warrensburg, Mo

20. FILED Jan 2 1936 Paul Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1935 to Dec 30 1935
Last saw him alive on Dec 28 1935 Death is said to have occurred on the date stated above, at 10:40 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 7

Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) J. W. Eichrist M. D.
(Address) Warrensburg, Mo

