

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.

100
FEB 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township Newton
City Newton (No.)

Registration District No. 609
Primary Registration District No. 4363

File No. 2303
Registered No. 2
St. Ward)

2. FULL NAME

Rebecca Ruten

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Ruten</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 28 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
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>Missouri</u>		
MOTHER	13. NAME <u>Joshua Shepherd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	15. MAIDEN NAME <u>Missie Holmes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mazon Taylor</u> <u>Newton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>See Cemetery</u> DATE <u>1-4 36</u>		
19. UNDERTAKER (ADDRESS) <u>Ashley Pyhau</u> <u>Newton Mo</u>		
20. FILED <u>1-2</u> 19 <u>36</u> <u>encl. a. Sal. m. D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1936

22. I HEREBY CERTIFY That I attended deceased from December 30th 1935 to January 1st 1936
I last saw her alive on January 1st 1936. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
Date of onset

Other contributory causes of importance:
acute respiratory failure
tuberculosis of kidney secondary

Name of operation Date of
What test confirmed diagnosis? Lab. 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) M. S. McCallough
(Address) Savings Bank Bldg, Newton

