

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

Do not use this space.

JUN 7 1936

1. PLACE OF DEATH

County Carter
Township Raytown
City Raytown (No. _____)

Registration District No. 171
Primary Registration District No. 4100

File No. 18851
Registered No. 25
St. _____ Ward _____

2. FULL NAME

William W. Rucker

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (name) <u>Gannie Rucker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 15 1855</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>3</u>	DAYS <u>29</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>Lawyer</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>Covington Kentucky</u>				
FATHER	13. NAME <u>William P. Rucker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lynchburg Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Ann Scott</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amphlett Kentucky</u>			
17. INFORMANT (ADDRESS) <u>Miss Martha Rucker Raytown Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raytown</u> DATE <u>June 1st 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Hyde & Bennett Raytown Mo.</u>				
20. FILED <u>6-2</u> 19 <u>36</u> <u>Mr. Ray Sanders</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1936

22. I HEREBY CERTIFY: That I attended deceased from 5-28, 1936 to 5-30, 1936
I last saw him alive on May 30 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
arteriosclerosis
Date of onset _____

Other contributory causes of importance: Senility

Name of operation None Date of _____
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? _____ Day 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 18"

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Dr. W. J. Williams
(Address) Raytown

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.

