JUL 24 1936

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

Do not use this space.

22776

File No. 2692

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kansas Primary Registration District No. 608

City Kansas City (No. 428 W. 59th Ter St. Ward)

2. FULL NAME Dr. Elmer Lee Ruble

(a) Residence, No. 428 W. 59 Ter St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M.	Wh.	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27. 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	8	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surgeon

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) Centre Co. Pa

FATHER

13. NAME Simon P. Ruble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centre Co. Pa

MOTHER

15. MAIDEN NAME Ellen Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centre Hall Pa

17. INFORMANT (ADDRESS) Helen H. Ruble 428 W. 59 Ter

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE June 4, 1936

19. UNDERTAKER (ADDRESS) Regular Funeral Home 7 E. 9th

20. FILED 6/3, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1936 to 6-1, 1936

I last saw him alive on 6-1, 1936. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

	Date of onset
Ruptured left ventricle	

Other contributory causes of importance: Coronary thrombosis

Name of operation — Date of

What test confirmed diagnosis? autopsy 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) H. A. Cruess, M. D.

(Address) 1633 Grand

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.

5101 Forest. Hi 2040.