

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

Do not use this space.

JUL 24 1936

23528

1. PLACE OF DEATH

County Marion
Township Dry Creek
City (No.)

Registration District No. 10-22
Primary Registration District No. 5732

File No. 750 77
Registered No. 8
St. Ward

2. FULL NAME Ruby Reola McNamee

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-12-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 24 hrs. or min. 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/14 - 1936
17. I HEREBY CERTIFY, That I attended deceased from 6/14 to 6/14, 1936, that I last saw her alive on 6/13, 1936, and that death occurred, on the date stated above, at 5:21 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of Brain

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY Instrumental delivery (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Dixon
(STATE OR COUNTRY) Mo. Route

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Fred McNamee

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dixon
(STATE OR COUNTRY) Route. Marion Co. Mo.

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. E. Osler M. D.

12. MAIDEN NAME OF MOTHER Tina Ellen Terwilliger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Monroe Co. Mo.

(Address) Dixon Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

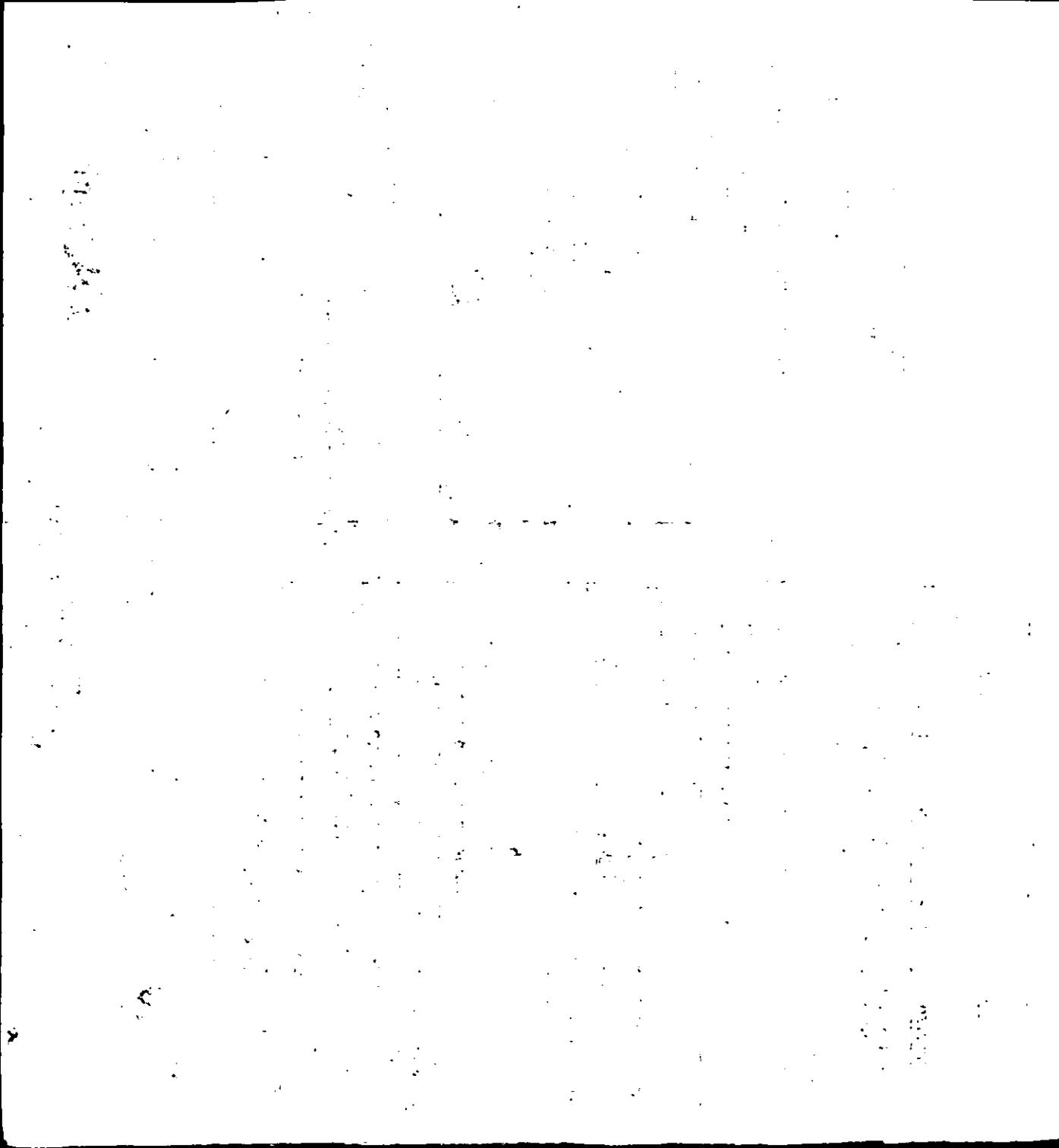
14. INFORMANT Fred McNamee
(Address) Dixon Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tulkinson Cemetery DATE OF BURIAL 19

15. FILED June 16 1936 J. W. Janku REGISTRAR

20. UNDERTAKER ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Marion Registration District No. 1022 File No. _____
 Township Dry Creek Primary Registration District No. 5732 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Ruby Reola Mc Minn

(a) Residence No. _____ St. _____ Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>1</u>	

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) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton County DATE 1936

19. UNDERTAKER (ADDRESS) _____

20. FILED June 17, 1936 J. W. Parker Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 14 1936

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

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) _____, M. D.
 (Address) _____

SUNDAY

S-23528