

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

Do not use this space.

25531

AUG 15 1936

1. PLACE OF DEATH

County Buchanan Registration District No. 8
Township Washington Primary Registration District No. 100
City St. Joseph (No. 207 W. Valley) St. _____ Ward _____

File No. _____
Registered No. 989
St. _____ Ward _____

2. FULL NAME

Ruby Irene Teschner

(a) Residence, No. 207 W. Valley 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Buchanan County
(STATE OR COUNTRY) Missouri

13. NAME Theodore Dittmore

14. BIRTHPLACE (CITY OR TOWN) Buchanan County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (CITY OR TOWN) Buchanan
(STATE OR COUNTRY) County Missouri

17. INFORMANT Clyde Teschner
(ADDRESS) 207 W. Valley

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE July 13, 1936

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5275 N. W. Highway

20. FILED July 10, 1936 A. J. Nestlebaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1936

22. I HEREBY CERTIFY, That I ^{visited} attended deceased from July 9, 1936 to _____, 1936

I last saw her alive on July 9, 1936. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

Strychnine Poisoning

Date of onset 7-9-36

Other contributory causes of importance: Melancholia

1936

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Suicide Date of injury July 9, 1936

Where did injury occur? St. Joseph, Buchanan Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Took Strychnine
Nature of injury Strychnine Poisoning

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Calray Wortley, Jr. acting _____, M. D.

(Address) 731 Jason St.
St. Joseph, Mo.

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.

