

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

Do not use this space.

30601

1. PLACE OF DEATH **SEP 21 1936**

County Greene
Township.....
City Springfield

Registration District No. 318
Primary Registration District No. 2001
(No. Springfield Baptist Hosp)

File No.....
Registered No. 722
St. Ward)

2. FULL NAME Ruby Hendricks

(a) Residence, No. Stockton, Missouri, 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 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 C. E. Hendricks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
22 10 9

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

12. BIRTHPLACE (CITY OR TOWN) Urbana,
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME A. G. Hughes

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

MOTHER 15. MAIDEN NAME Thomas

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

17. INFORMANT C. E. Hendricks
(ADDRESS) Stockton, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stockton Mo. DATE Aug 23, 1936

19. UNDERTAKER W. C. Davis & Sons
(ADDRESS) Stockton, Missouri.

20. FILED 8-21-1936 Dr Chas a George
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug 21, 1936

I last saw her alive on 8/21, 1936 Death is said

to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

Septicemia, Date of onset 8/18 (2)
Puerperal 36

Other contributory causes of importance:

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? 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 Yes Dr Callaway, M. D.
(Signed) Springfield Mo
(Address)

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.

