SEP 15 1936

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

Do not use this space.

32583

1. PLACE OF DEATH
County #2 Hospitle — Registration District No. 791
Township — Primary Registration District No. 1003 — File No. 8454
City St. Louis (No. City Hosp #2 St. Ward) — Registered No.

2. FULL NAME Weiley Ruffin
(a) Residence, No. 6728 S. Bldway St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-1865

7. AGE: Years 71 — Months 6 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME Alfred Ruffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Providence La.

MOTHER
15. MAIDEN NAME Susie Hood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Providence La.

17. INFORMANT (ADDRESS) Bertha Morgan 1820 a Division ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis Ill. DATE Aug. 13 1936

19. UNDERTAKER (ADDRESS) C. T. Nash 1111 N. 13th E. St. Louis

20. FILED AUG 13 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12:15 m. A
The principal cause of death and related causes of importance were as follows:

Edema of brain
Broncho Pneumonia
(No trauma)

Date of onset

Other contributory causes of importance: or history of T.B.

1070

Name of operation ..... 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
(Signed) Harold R. Haley, M. D.
(Address) Dupont

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.