

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

Do not use this space.

2132

Feb 17 1937

1. PLACE OF DEATH

County Macou
Township Paris
City Paris (No. 7)

Registration District No. 527
Primary Registration District No. 5703

File No.
Registered No.
St. Ward)

2. FULL NAME

Naomi Ruth

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1937

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

22. I HEREBY CERTIFY that I attended deceased from Dec 31 1936, to Jan 15 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1868

I last saw her alive on Jan 12 1937 Death is said to have occurred on the date noted above, at 4:25 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 14

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

Cerebral Embolism Date of onset 1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

Other contributory causes of importance: Myocardial Infarction - 1930
ac. Endocarditis Suppur - 1936
impured

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Revere Mo

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy?

FATHER 13. NAME James Davis

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

MOTHER 15. MAIDEN NAME Margaret Reese

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

17. INFORMANT (ADDRESS) Naomi Ruth

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris DATE 1-17-37

19. UNDERTAKER (ADDRESS) J. J. Turner

20. FILED Jan 23, 1937 Edu Simpson Registrar.

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) J J Turner M. D.

(Address) Macou 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.

