FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Warren — Registration District No. 882 — File No. 4741
Township: Hickory Grove — Primary Registration District No. 6174 — Registered No.
City: ~~Wright City Mo~~ (No. ..., 2 St. ..., Ward)

2. FULL NAME: Ruby Katherine Twiehaus

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 16 1937

7. AGE — Years: X — Months: X — Days: 3. — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright City Mo.

FATHER
13. NAME: Gilbert Twiehaus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren Co

MOTHER
15. MAIDEN NAME: Ruby Justus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co

17. INFORMANT (ADDRESS): Gilbert Twiehaus Wright City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wright City Cem DATE: Jan 21, 1937

19. UNDERTAKER (ADDRESS): Niebling Und Co Wright City Mo

20. FILED: 1/21/37, 19 — W. L. Clarenbach MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Jan 19, 1937. I last saw h/s alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 9 30 P m.
The principal cause of death and related causes of importance were as follows:

Autolysis — Date of onset

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) Rhea Mullas, M. D.
(Address) Foristell 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.

WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD

(8M) 9-24-33