

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.

MAR 13 1937

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

Do not use this space.

6315

File No. 1900
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 4400 Indiana) St. _____ Ward _____

2. FULL NAME Mrs. Kate Ludlow Rucker

(a) Residence, No. 4400 Indiana 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 Edmund Tarver Rucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	93	0	28	

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mississippi City
(STATE OR COUNTRY) Miss.

13. NAME Gen. Benjamin Austin Ludlow

14. BIRTHPLACE (CITY OR TOWN) Saratoga
(STATE OR COUNTRY) New York

15. MAIDEN NAME Martha Ann Richards

16. BIRTHPLACE (CITY OR TOWN) Staunton
(STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Nellie Rucker Robertson
(ADDRESS) 4400 Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Wash. DATE Feb. 8, 1937

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) _____

20. FILED of Feb 27 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1900, to Feb 6, 1937

last saw her alive on Feb 4, 1937. Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Broncho Pneumonia

Date of onset Feb 5, 1937

Other contributory causes of importance:
Generalized Arteriosclerosis
Cerebral Apoplexy

by 12 mo.

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) John H. Kapp, M. D.

(Address) 1314 Professional Bldg

2619 Victor