

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN  
Township WASHINGTON  
City ST. JOSEPH (No. 5601 SOUTH SECOND)

Registration District No. 85  
Primary Registration District No. 100

File No. 11161  
Registered No. 272  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MRS. RUTH FRANCES LLAFET

(a) Residence, No. 5601 SOUTH SECOND ST. 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 WIFE OF LEMMEL L.D. LLAFET

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 14, 1852

7. AGE YEARS 85 MONTHS 1 DAYS 17 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) UNKNOWN 11. Total time (years) spent in this occupation UNK.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY COUNTY MISSOURI

13. NAME WILLIAM LEE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KNOXVILLE, TENN.

15. MAIDEN NAME ELIZABETH KENYON

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

17. INFORMANT (ADDRESS) WILLIAM B. LLAFET 5601 SOUTH 2ND. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE KING HILL CEMETERY DATE MARCH 3, 1937

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN ST. JOSEPH, MO.

20. FILED 3/2 1937 A. Nestle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Febr. 22, 1937 to Mar 1, 1937

I last saw h. ER. alive on Mar 1, 1937. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Cerebral thrombosis  
or apoplexy

Date of onset 2-25-37

Other contributory causes of importance:  
Arterio sclerosis and  
Hypertension

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? No  
If so, specify \_\_\_\_\_

(Signed) William A. Robertson, M. D.  
(Address) St. Joseph 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.

