

APR 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Gasconade  
Township Bourbon  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 308  
Primary Registration District No. 0476

File No. 11858  
Registered No. \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

A. D. Ruckliver

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

5-15-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

57927

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house wife

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

30 yrs

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

Gasconade Co Mo

MOTHER FATHER

13. NAME

Geo Strain

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

Franklin Co Mo

15. MAIDEN NAME

Mary J Hinkle

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

Gasconade Co Mo

17. INFORMANT (ADDRESS)

A. D. Ruckliver Cuba Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ruckliver Co DATE 3-14 1937

19. UNDERTAKER (ADDRESS)

W. E. Ruckliver St James Mo

20. FILED

3/14 1927 Wm. Mattie Spurgeon Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-193722. I HEREBY CERTIFY, That I attended deceased from January 1936, to March 12 1937I last saw h. ex. alive on March 5 1937. Death is saidto have occurred on the date stated above, at 12:30 a.m.

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

Angina PectorisDate of effect 1936Other contributory causes of importance: 940Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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 Strain, M. D.(Address) St James, 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.

