

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

Do not use this space.

MAY 15 1937

15112

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1053
 Township Kaw Primary Registration District No. 1002 Registered No. 1053
 City Kansas City (No. Memorah Hosp.) St. _____ Ward _____

2. FULL NAME

Golda Anne Ruback
 (a) Residence, No. 2926 Olive 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1910</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk at</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Memorah Hosp</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6 Mo. ago</u>	11. Total time (years) spent in this occupation <u>5 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
FATHER	13. NAME <u>Joseph Ruback</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Oiter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT (ADDRESS) <u>Wm Ruback City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel</u> DATE <u>4-7-37</u>		
19. UNDERTAKER (ADDRESS) <u>J. P. Davis Funeral Home City</u>		
20. FILED <u>Apr 6 37</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1937, to 30 4-5, 1937
 I last saw him alive on 4-4, 1937 Death is said to have occurred on the date stated above, at 3:08 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Rectum (Primary) 1/10
 Date of onset _____

Other contributory causes of importance:
Mitastases to ovary and abdominal lymph glands.

Name of operation Laparotomy Date of 10-22-36
 What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) D. J. O'Connell M. D.
 (Address) 1400 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

