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.

AUG 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Chariton
Township Keytesville
City Keytesville (No. ..... St. ..... Ward)

Registration District No. 121
Primary Registration District No. 4100

File No. 26964
Registered No. 31

2. FULL NAME James Clifton Rucker

(a) Residence, No. ..... 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: Male
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~~ Emma Rucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22nd 1862

7. AGE: 75 YEARS, 4 MONTHS, 3 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME James S. Rucker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amherst County Va.

MOTHER
15. MAIDEN NAME Belinda Ann Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amherst County Va

17. INFORMANT (ADDRESS) Miss Maud Rucker Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keytesville Mo DATE July 27 1937

19. UNDERTAKER (ADDRESS) Hyde & Fagnett Keytesville Mo

20. FILED 7/28 1937 Mrs Roy Laudree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1936, to July 24 1937
I last saw ~~him~~ alive on July 24 1937 Death is said to have occurred on the date stated above, at 9:20 A.M.
The principal cause of death and related causes of importance were as follows:

Cordia vascular renal disease, arteriosclerosis

Other contributory causes of importance: Senility

Date of onset

131

Name of operation none Date of .....
What test confirmed diagnosis? — 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) A W Tillman, M. D.
(Address) Keytesville