

OCT 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Vernon  
Township Washington  
City (No. , Ward)

Registration District No. 875  
Primary Registration District No. 6162

File No. 35564  
Registered No. 257  
St. \_\_\_\_\_ Ward)

2. FULL NAME Nancy Mae Rucker

(a) Residence, No. 3700 E. 59th St., \_\_\_\_\_ Ward.  
(Usual place of abode) Kansas City, Mo. (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 Em. 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 Chris H. Rucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1979

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 6 11

OCCUPATION 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) (STATE OR COUNTRY) Nodaway, Iowa13. NAME Henry Norcutt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Massachusetts15. MAIDEN NAME Tuttle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT C. H. Rucker, 3700 E. 59th (ADDRESS) Kansas City, Missouri.18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Oct. 5, 193719. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada, Missouri.20. FILED Oct 5 1937 Allen H. Hayes Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 9:45 a.m.

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

Date of onset

Strangulation, Drowned  
in automobile wreck

Other contributory causes of importance:

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: Accident Date of injury Oct 5, 1937  
Where did injury occur? Vernon Co., Missouri  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.  
Public Highway No. 71

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

(Signed) M. E. Ferry Cochrane  
(Address) Nevada, Missouri.

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.

