

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

Do not use this space.

39563

DELTA HOSPITAL
PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No.....) St..... Ward.....

File No.....

Registered No. 10550

2. FULL NAME Ruth Harness

(a) Residence, No. 1636 S. Theresa St., 17 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
31 11 25

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

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) Iowa

13. NAME William Gayer

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

15. MAIDEN NAME Nellie Hasty

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

17. INFORMANT A. Lane (ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Delta, Iowa DATE Nov. 15, 1937

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7022 Gravois

20. FILED NOV 14 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1937 to Nov. 13, 1937

I last saw her alive on Nov. 13, 1937 Death is said

to have occurred on the date stated above, at 12:05 am

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

Pulmonary Tuberculosis
Date of onset

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?..... 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?

If so, specify.....

(Signed) Geo. J. Bogal, M. D.

(Address).....

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.

OCCUPATION
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