

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

Do not use this space.

2306

1. PLACE OF DEATH
 16 County Cape Registration District No. 1257
 1 Township Cape Primary Registration District No. 3009
 4 City Cape Girardeau Mo. (No. St. Francis Hospital) Registered No. 34
 2. FULL NAME Beth Ann Ruck 200
 (a) Residence, No. Old Appleton Mo. St. Old Appleton Mo Ward. Old Appleton Mo
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1938
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Cape Girardeau Mo.

FATHER 13. NAME Raymond Ruck

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

MOTHER 15. MAIDEN NAME Ester Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Appleton Mo.

17. INFORMANT Raymond Ruck
 (ADDRESS) Old Appleton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Uniontown Cem. DATE 1-28-1938

19. UNDERTAKER Hamans Funeral Home
 (ADDRESS) Cape Girardeau Mo.

20. FILED 1-27-38 J. M. Thompson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1938, to 1-27, 1938
 I last saw her alive on 1-27 9 P., 1938. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:

Premature birth
Infants mother had severe eclampsia.
 Date of onset 1-27-38

Other contributory causes of importance: 159

Name of operation home Date of home
 What was the cause of death? home 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 _____
 BUREAU OF VITAL STATISTICS
 MISSOURI STATE BOARD OF HEALTH

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) P. A. Ritter M. D.
 (Address) Cape Girardeau, Mo.

Every entry on this form should be carefully checked. Accuracy 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.

