

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
 Township Lincoln
 City Hatfield Mo (No. _____) St. _____ Ward _____

Registration District No. 346
 Primary Registration District No. 2484

File No. 6858
 Registered No. 1

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) Sept 8, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
5 4 20

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

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) King County, Iowa

13. NAME Denzel Ruckman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

15. MAIDEN NAME Jay Barnhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King Co Iowa

17. INFORMANT Denzel Ruckman (ADDRESS) Hatfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roths Grove DATE Jan 29, 1938

19. UNDERTAKER Andrews (ADDRESS) Grant City Mo

20. FILED 2-28, 1938 Chas Adams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 28, 1938, to Jan 28, 1938

I last saw her alive on Jan 28, 1938 Death is said

to have occurred on the date stated above, at 10 p. m.

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

Diphtheria
paralysis
10

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) John Andrews, M. D.

(Address) Grant City

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.

