

REC'D MAR 23 1938

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

Do not use this space.

7866

1. PLACE OF DEATH

County Folk Registration District No. 703
Township Johnson Primary Registration District No. 5932
City Humansville No. _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Hattie Ada Ruckman 255
(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 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 C. W. Ruckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 4 9

8. Trade, profession, or particular kind of work done, as splinner, 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) Leas Water town Tenn13. NAME John Fuggle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME unkn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unkn17. INFORMANT C. W. Ruckman
(ADDRESS) Humansville Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Mar 6 193819. UNDERTAKER Joseph Firestone
(ADDRESS) Humansville Mo20. FILED Mar. 10 1938 Ora M. Rich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 193822. I HEREBY CERTIFY, That I attended deceased from Mar 4 1938 to Mar 4 1938I last saw her alive on Mar 4 1938 Death is said to have occurred on the date stated above, at 12:15 PM

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

Date of onset Mar 4 - 38Cerebral Hemorrhageof 2 hrs

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? clinical 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) R. C. Neelins M. D.(Address) Humansville Mo

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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.

