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.

REC'D JUN 9 1938

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

Do not use this space.

17491

1. PLACE OF DEATH
County Jackson County — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2188
City Kansas City Mo. (No. 5331 Highland Ave St. Ward)

2. FULL NAME Mary Ruediger 326
(a) Residence, No. 5331 Highland Ave Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. 6 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Henry Ruediger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1862
7. AGE YEARS 76 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 0 9 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harmon Mo.

FATHER
13. NAME Jacob Fey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Rapple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sister Camille 5331 Highland Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cemetery DATE May 28 1938
19. UNDERTAKER (ADDRESS) Quirk & Tobin 20 West Linwood
20. FILED May 28 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to May 25, 1938
I last saw her alive on May 25, 1938. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardosis	
about 18 months	
93C	

Other contributory causes of importance:
Arteriosclerosis
about 10 years

Name of operation — Date of —
What test confirmed diagnosis? History and observation 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?
If so, specify
(Signed) Paul V O'Rourke M. D.
(Address) 1402 Bryant Bldg

Re 5718