

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D JUL 11 1938

1. PLACE OF DEATH

County Franklin
 Township Washington
 City Washington

Registration District No. 297
 Primary Registration District No. 3016
 (No. of Francis Hospital)

File No. 21797
 Registered No. 57
 St. _____ Ward _____

2. FULL NAME

unnamed Rucker
 (a) Residence, No. Robertsville Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 6 0 0

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) Washington Mo.

FATHER 13. NAME Robert Franklin Rucker

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

MOTHER 15. MAIDEN NAME Evelyn A. Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka Mo.

17. INFORMANT (ADDRESS) Robert Franklin Rucker Robertsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robertsville Mo. DATE 6-17 1938

19. UNDERTAKER (ADDRESS) Robertsville Mo.

20. FILED June 17 1938 H.A. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17 1938 to June 17 1938
 I last saw her alive on June 17 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Still born

Date of onset 6-17-38

Other contributory causes of importance: unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) B.E. ... M. D.
 (Address) Washington 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.

