

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

Do not use this space.

REC'D NOV 15 1938

35118

**1. PLACE OF DEATH**

County BUCHANAN  
Township WASHINGTON  
City ST. JOSEPH,

Registration District No. 85  
Primary Registration District No. 1001  
(No. 103 HILLCREST APTS. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 1013

**2. FULL NAME**

6:30 RUBY LUCILLE BIRD,  
(a) Residence, No. 103 HILLCREST APTS. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred UNK yrs. mos. 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 24, 1894  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TEACHER  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BLISS JR. HIGH SCHOOL  
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) HIGGINSVILLE, MISSOURI

13. NAME JAMES P. BIRD,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARROLLTON, ILLINOIS

15. MAIDEN NAME ANNA L. HALL,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WHEELING, W. VIRGINIA

17. INFORMANT MISS AMY BIRD,  
(ADDRESS) HILLCREST APTS. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY, DATE OCTOBER 11, 1938

19. UNDERTAKER FLEEMAN & SON INC.  
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Oct 11 1938 H. Nestlebach  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 8, 1938. 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15 - 1938, to Oct 8 - 1938  
I last saw HER alive on Oct 7 - 1938. Death is said to have occurred on the date stated above, at 4:05 a.m.

The principal cause of death and related causes of importance were as follows:  
Cancer of ovary - Date of onset Jan. 1938

Other contributory causes of importance:  
mitochondria to ovum  
brain, peritonium etc

Name of operation Excision of Ovary Date of May 27, 1938  
What test confirmed diagnosis? Operative Lab Was there an autopsy? Yes

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) Pearl Ferguson, M. D.  
(Address) St. Joseph, Mo

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.

OCT 22 1941

STATEMENT BY LICENSED EMBALMER

OCT 23 1941

JOHN E. RUPP

Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by MYSELF

or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

(Signed)

*John E. Rupp*  
\_\_\_\_\_  
Licensed Embalmer No. 3986

**NOTE:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING.**  
(Failure to comply with the above regulation constitutes grounds for revocation.)