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 APR 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 11896
Township — Primary Registration District No. 4403 — Registered No. 30
City Rolla (No. ..... St. ..... Ward)

2. FULL NAME John William Rueh
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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~~ Louise Gatz Rueh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1854
7. AGE: YEARS 84 — MONTHS 9 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Zarrenthin, Pruessen Germany.

FATHER
13. NAME William Rueh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zarrenthin Pruessen Germany.

MOTHER
15. MAIDEN NAME Christine Hageman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zarrenthin, Pruessen Germany.

17. INFORMANT (ADDRESS) August Rueh Rolla Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla DATE 3/29 1939
19. UNDERTAKER (ADDRESS) Mrs Harry McCaw Rolla Mo.
20. FILED March 29 1939 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis — Date of onset
92a
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? No 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) Orcil E. Lickliter Coroner, ~~M.D.~~
(Address) St James Mo

This is to certify that this body
was embalmed by
R. F. McCaw
L.E. # 3953