JUL 11 1939

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

3

Do not use this space.

21606

File No.

Registered No. 643

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. State Hosp. #2 St. Ward)

2. FULL NAME: Mary Ruth
(a) Residence, No. (Usual place of abode) Oregon, Mo. St., Ward. (If nonresident, give city or town and State) Oregon Mo.
Length of residence in city or town where death occurred 0 yrs. 0 mos. 11 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: Lewis William Ruth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 29 1872

7. AGE: Years 67 Months 2 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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): ? Missouri

FATHER
13. NAME: John Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Missouri

MOTHER
15. MAIDEN NAME: Rachel Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Missouri

17. INFORMANT (ADDRESS): Hosp. records State Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oregon Mo. DATE: June 27, 1939

19. UNDERTAKER (ADDRESS): Pettijohn Funeral Service, Oregon Mo.

20. FILED: 6/26, 1939 H. Mittlebeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to June 25, 1939. I last saw her alive on June 25, 1939. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	?
Hypertension	?
Other contributory causes of importance:	
Generalized arteriosclerosis	?

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) A. H. Panethiere, M. D.
(Address) State Hospital No 2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Ralph C. Moore.
License No. No 1743.