

NOTE--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.

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

6322

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
(b) Township Liberty Primary Registration District No. 2-280-3 Registered No. 13
(c) City Liberty (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 85 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 620 Richmond St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Thomas L. Helman</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 - 1854</u>		
7. AGE <u>85</u>	YEARS <u>3</u>	MONTHS <u>24</u>
OCCUPATION		11. Total time (years) spent in this occupation <u>70</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Home wife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>for self</u>		
10. Date deceased last worked at this occupation (month and year) <u>30 days ago</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ben. Ruff</u>		
13. NAME <u>Ben. Ruff</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Catherine Dougherty</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
17. INFORMANT (ADDRESS) <u>M. Pauline Robinson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo</u> DATE <u>Feb. 8 - 40</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Church of Christ, Liberty, Mo</u>		
20. FILED <u>Andro</u> <u>1940</u> <u>W. H. Shepherd</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 - 4022. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1940, to Feb 5, 1940.I last saw him alive on Feb 5, 1940 Death is said to have occurred on the date stated above, at 7:29 p.m.

The principal cause of death and related causes of importance were as follows:

Gen Arteriosclerosis Date of onset

Other contributory causes of importance:

none known

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. Shepherd M.D.940 (Address) Liberty, Mo

STATEMENT BY LICENSED EMBALMER

I, Edgar Archer, Licensed Embalmer No. 3311
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edgar Archer
L. E.
No. 3311 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Edgar Archer
Licensed Embalmer No. 3311

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