

OCT 31 1930

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

Do not use this space.

30944

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Reedley Perry Primary Registration District No. 6030
City Bonne Terre (No.) St. Ward

File No.
Registered No. 744
St. Ward

2. FULL NAME

Ruth Merrill
(a) Residence. No. Bonne Terre, Mo. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) unknown Sept. 1930

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Natural cause, unknown to jury.
(Coroner's Verdict)

CONTRIBUTORY (SECONDARY) 2050 (duration) yrs. mos. ds.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 17 - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

5

Don't know

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. B. Lester, M. D.

Sept. 20, 1930. (Address) Coroner, DeLoe, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Jefferson County, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Calvin Moon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson County, Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Leola Fuller

(Address) Muscattine, Iowa

15. FILED 9/21/30 1930

REGISTRAR T. Gibson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bonne Terre Cemetery

20. UNDERTAKER

Benham Und. Co

DATE OF BURIAL

Sept 22 1930

ADDRESS

Bonne Terre, 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.

Day of death not known -
She was found dead in her home
in Bonnie Terre, Mo. - No one
with her, as she lived alone.

Death supposed to
have taken place
Sept. 16, 1930.

T. T. Son

Local Registrar.

