

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

Do not use this space.
12984

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **2630** **St Vincent Ave**) St. Ward)

File No.
 Registered No. **3270**

2. FULL NAME Creet Taylor Rutledge

(a) Residence, No. St., **13** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Emma Rutledge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66.</u>	<u>3.</u>	<u>2.</u>	<u>—</u>	<u>—</u>

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired 3 Years.
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1927
 17. I HEREBY CERTIFY, That I attended deceased from March 22 1927 to April 3 1927 that I last saw him alive on April 3 1927 and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
Cerebral hemorrhage
92 A
11 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Anterior Sclerosis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 7401
 IF NOT AT PLACE OF BIRTH

9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
 WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? usual
 (Signed) C. S. Johnson, M. D.

4-4, 1927 (Address) 2278 S Jefferson
 *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) (STATE OR COUNTRY) North Carolina

10. NAME OF FATHER J. Rutledge.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

12. MAIDEN NAME OF MOTHER Un Known

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

14. INFORMANT Mrs Emma Rutledge.
 (Address) 2630 St Vincent Ave

15. APR -4 1927 May 6 Starkeoff
 FILED 15 REGISTRY

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Williamsville Mo. DATE OF BURIAL April 5 1927.

20. UNDERTAKER McLaughlin
 ADDRESS 1631 Main

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.

