

MAR 21 1928

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

Do not use this space.

7371

1. PLACE OF DEATH

County Saline
Township
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 18 (St. Ward)

2. FULL NAME

Robert Lee Rudd.
(a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Marshall mo.

10. NAME OF FATHER Forest Lee Rudd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelbyville
(STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Lottie E Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Macar Mo. Ill.
(STATE OR COUNTRY)

14. INFORMANT Forest Lee Rudd.
(Address) Marshall mo.

15. FILED 2/8 1928 D. J. Manning
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 7 1928 to Feb 7 1928 that I last saw him alive on Feb 7 1928 and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
1610

CONTRIBUTORY Pneumonia - 10 1/2 days
1610 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH: no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) [Signature], M. D.

, 1928 (Address) Worshiper

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Ridge Park cem DATE OF BURIAL Feb 8 1928

20. UNDERTAKER

Vandiner - Sweeney ADDRESS Marshall 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.

