22 1928

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

Do not use this space.

23169

1. PLACE OF DEATH
County Callaway
Township Liberty
City Mexico (No. ..... St. ..... Ward)
Registration District No. 102
Primary Registration District No. 3163
File No. .....
Registered No. 226

2. FULL NAME Mrs. Annie McClintic 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12-1863,

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Maker 82A
(b) General nature of industry, business, or establishment in which employed (or employer) 82D
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Callaway Co, (STATE OR COUNTRY) Mo,

PARENTS
10. NAME OF FATHER Moses, McClintic
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Green Brier Co. W. Va
12. MAIDEN NAME OF MOTHER Mary Black
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Monroe Co. W. Va

14. INFORMANT Annie Beth Rudd
(Address) Aux Vasse Mo

15. FILED 7/11 1928 H. G. Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3rd, 1928,

17. I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to July 4, 1928, that I last saw her alive on July 1st, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis (Hemiplegia) Due to Hemorrage In brain

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 74 A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. J. Ferguson, M. D
, 19 (Address) Fulton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Grove Church, Callaway Co, Mo,
DATE OF BURIAL July 5 — 1928,

20. UNDERTAKER McPheeters Bros,
ADDRESS Mexico Mo,