EP 27 1928

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

Do not use this space.

29409

1. PLACE OF DEATH

County Scotland — Registration District No. 811 — File No.

Township Sandhill — Primary Registration District No. 4489 — Registered No. 5

City Rutledge (No. ..... St. ..... Ward)

2. FULL NAME William P. Rule

(a) Residence. No. Rutledge, 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6th, 1847.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	7	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer) general merchandise

(c) Name of employer

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

PARENTS

10. NAME OF FATHER W.B. Rule

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't know

14. INFORMANT Jap Green
(Address) Baring Mo

15. FILED 9-6, 1928 Idella Burkhart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/29 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/27, 1928, to 8/29, 1928 that I last saw him alive on 8/27/28, 1928, and that death occurred, on the date stated above, at 8/29/28 3:50 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Cerebral Hemorrhage

97

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

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. S. Dennis, M. D

, 19 (Address) Rutledge 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	DATE OF BURIAL
Rutledge Cemetery	Aug 31 1928
20. UNDERTAKER	**ADDRESS**
Gerth & Baskett	Gorin, 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.